



# **THE EMPLOYMENT STATUS OF CALIFORNIANS WITH DISABILITIES**

July 2004

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Annual Report to the Governor and the Legislature  
Presented by the California Governor's Committee on Employment of People with Disabilities

## **PURPOSE OF REPORT**

Government Code Section 12803.65(d)(2) requires the Governor's Committee on Employment of People with Disabilities (Governor's Committee) to report annually to the Governor and the State Legislature on the *Employment Status Of Californians With Disabilities*.

This is the first annual report submitted by the Governor's Committee. Its purpose is to assist the Governor and the Legislature in developing effective policies and services to increase the employment rate of Californians with disabilities.

This is a benchmark report. To the extent possible, it depicts the current employment status of Californians with disabilities and the system that serves their employment, training, and assistance needs. Information in this report should be regarded as a baseline from which future progress can and will be measured.

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EMPLOYMENT OF PEOPLE WITH DISABILITIES**

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## **EXECUTIVE SUMMARY**

Assembly Bill (AB) 925, the Workforce Inclusion Act, became effective on January 1, 2003. It complements other recent disability legislation and puts the administration and staff support for California Governor's Committee on Employment of People with Disabilities (Governor's Committee) in statute within the Employment Development Department, under the Labor and Workforce Development Agency. (See Appendix 1 for Assembly Bill 925.)

### **Current Status**

The employment profile of Californians with disabilities that emerges from statistical and anecdotal analyses is one of a minority population in need of the right opportunities and supports to obtain employment and enjoy what most people take for granted---a life of self-sufficiency and independence.

Across the current gamut of health, population, and employment surveys from which statistics are collected, the numbers vary significantly, but the conclusions are the same. The employment rate for Californians with disabilities is consistently and significantly lower than that of the general population.

### **The Challenge of Employment Barriers**

This loss of human potential in the workplace is impacted by the barriers identified in this report. Major barriers include: concerns over losing critical healthcare coverage, complicated State and federal program requirements, limited access to employment and training programs, and biases based on misconceptions. All contribute to the difficulties encountered when people with disabilities seek employment.

Since the mid 1990s, federal and State policies have been directed toward eliminating these barriers. Major initiatives at both levels provide opportunities for people with disabilities to participate in the workforce and achieve an independent self-sufficient lifestyle.

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### **Partners**

The Governor's Committee provides a forum through which key State Departments, Boards and Councils, local service providers, business leaders and the disability community can collaborate to develop a comprehensive strategy that will ultimately result in an increased rate of employment for people with disabilities.

### **California's Employment and Training Delivery System**

To accomplish the goal of increased employment, California's One-Stop Career Center System, the State's provider of comprehensive workforce development services to employers and job seekers, is a named partner in this statewide collaboration. AB 925 amends the California Unemployment Insurance Code to ensure that services provided through one-stop career centers are accessible to customers with disabilities.

### **The First Year of AB 925**

In the first year of implementing AB 925, the Governor's Committee focused on strengthening its partnerships with the goal of removing barriers to the employment of people with disabilities. Some of the first year accomplishments include:

- Interagency workgroups were established to assess and map State-level programs and to collaborate in support of each other's grant applications.
- A Web site has been developed where people with disabilities can learn about the services that are available to them and how employment may affect their income support.
- Partnering with the California Health Incentives Improvement Project at Sonoma State University which is providing extensive outreach services regarding the California Working Disabled Program and the In-Home Supportive Services in the workplace.
- Disability Program Navigators have been trained to assist staff at one-stop career centers in providing customers with disabilities the specialized services needed to successfully navigate complex government programs.

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- A Solicitation for Grant Proposal was issued to fund local partnerships with one-stop career centers to assist people who are visually and hearing impaired.
- Tools were developed in partnership and are in place for monitoring physical and program access at one-stop career centers and providing technical assistance to ensure compliance.

**Conclusions and Recommendations**

The most commonly used statistics regarding the employment of people with disabilities are unreliable. These statistics directly affect federal funding for California and likewise, the State's program budget decisions.

To ensure that State policy makers develop sound, relevant policy and fund programs that will succeed in improving the employment status of Californians with disabilities, a better system of reporting and collecting disability employment data is necessary.

The Governor's Committee acknowledges that the development of such a system requires a long-term investment of money, resources and political will. It will be difficult to meet this need with the current budget constraints. However, as discussed under *Projections and Trends*, California leads the country in anticipated population growth and diversity, with a proportional growth in the number of people with disabilities. Policy makers need sound disability and employment data to help them develop strategies that meet the challenges of providing accessible services to all Californians.

Currently, the level of services provided for one-stop career center customers with disabilities is inconsistent. California has an array of over 400 one-stop career center access points. Some are self-service kiosks; many offer comprehensive staff-assisted services. Due to the varying resources, facilities, and priorities at the local level, many one-stop career centers access points do not provide consistent physical and program access. The Governor's Committee will focus future activities on improving the physical and



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programmatic accessibility of the employment, training, education, vocational rehabilitation and supportive services provided at local one-stop career centers. Activities will also focus on increasing outreach to the disability community to ensure awareness of available services.

Recognizing that the role of employers is foremost in improving the employment status of Californians, the Governor's Committee and its employer partners will build upon relationships with the business community and involve more employers in the decision-making process. With information and education, employers will be able to focus on the advantages of including qualified people with disabilities in the workforce.

## **INTRODUCTION**

### **Background**

Historically, federal policies designed to assist adults with disabilities resulted in dependency on income support and barriers to employment and economic self-sufficiency.

In the 1970s, federal policies regarding disability began to evolve, reflecting a shift from an exclusively medical model of service to a rehabilitation and independent living model. By the mid 1990s, public policy started moving toward restructuring workforce delivery programs, public healthcare coverage, and disability cash benefit programs to better address the education, training and employment needs of individuals with disabilities.

Responding to the policy shift and new federal legislation, California enacted a number of State laws to meet or exceed federal requirements. These include, but are not limited to: Assembly Bill (AB) 155 (Chapter 820, Statutes of 1999), the California Working Disabled Medi-Cal Buy-In Program, which provides Medi-Cal (California's Medicaid program) coverage for eligible working individuals with disabilities; and AB 925, the Workforce Inclusion Act, which provides an extensive framework for employment supports for people with disabilities. (See Appendix 2 for Federal and State Legislation and the Olmstead Plan.)

### **Assembly Bill 925 and the Role of the California Governor's Committee on Employment of People with Disabilities**

AB 925 became effective January 1, 2003. It complements the federal Workforce Investment Act in its strong support for Californians with disabilities entering the workforce. It encourages increased collaboration among State agencies, local agencies, businesses and disability stakeholders to participate in order to improve the employment rate of people with disabilities. It requires fully accessible and comprehensive specialized services for people with disabilities at one-stop career center sites. AB 925 allows State-funded personal assistance services to be available in the workplace, and when funds are available, it provides for training in benefits planning as a means to foster self-sufficiency and improved employment outcomes for people with disabilities.

## **INTRODUCTION**

AB 925 reconstitutes the Governor's Committee into a collaborative body including representatives from key state departments, one-stop career centers, the California Workforce Investment Board, the business community, the disability community, and others. It designates the Governor's Committee as the centralized, statewide forum through which members and other stakeholders provide policy recommendations to the Labor and Workforce Development Agency and the Health and Human Services Agency. The legislation directs the Governor's Committee and its partners to build a comprehensive strategy to:

- Bring adults with disabilities into employment at a rate that is as close as possible to that of the general adult population;
- Support the goals of equality of opportunity, full participation, independent living, and economic self-sufficiency for these individuals;
- Ensure State coordination with and participation in benefits planning training and information dissemination projects supported by private foundations and federal grants; and
- Ensure that state government is a model employer of individuals with disabilities.

The Governor's Committee was originally established in 1947 as the California affiliate of the former President's Committee on Employment of People with Disabilities. Its original mission was to assist disabled veterans to return to employment. Since then, it has developed many programs and services to assist people with disabilities to become employed. (See Appendix 3 for programs of the Governor's Committee.)

Recognizing its history of national leadership and its potential capacity, the authors of AB 925 designated the Governor's Committee to lead the State in implementing the legislation.

In addition, the authors of AB 925 realized that the Governor's Committee had a successful history working in partnership with private employers. The Governor's Committee recognizes the

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major leadership role of the business community in promoting and implementing solutions to increase employment opportunities for Californians with disabilities.

AB 925 is intended to be the catalyst to effectively coordinate the myriad programs and services designed to increase employment opportunities for Californians with disabilities. Accomplishing the important goals in AB 925 benefits not only people with disabilities, but also the social and economic well being of all Californians.

## **CURRENT STATUS**

### **Demographics 2000**

At the time of the 2000 U.S. Census, California's population was 33.9 million. There were 19.2 million working age adults between the ages of 21 and 64, and more than 3.8 million (20 percent) of the working age individuals reported having a disability.

Fifty-five (55) percent of the 3.8 million working age adults with disabilities were employed. Of the 15.4 million working age adults without disabilities, 73 percent were employed.

Thirty-five (35) of California's 58 counties had a disability population in excess of 20 percent. The highest percentages were in rural, sparsely populated, economically disadvantaged counties with a limited employer base and inconsistent access to technology. (See Appendix 4A for Demographics 2000.)

### **The Validity of Current Statistics**

At best, the statistics used to define the employment status of Californians with disabilities are inconsistent. Researchers nationwide disagree on the accuracy and value of current statistics.

Disability statistics are derived from a number of commonly used surveys: the Current Population Survey, the National Health Interview Survey, the Survey of Income and Program Participation, the U.S. Census, and more. Various definitions for disability and work limitation, different survey questions, inconsistent methodologies, and self-reported information all contribute to the discrepancies in disability numbers and the national data debate.

However, despite diverging numbers, the conclusion across all surveys is that the employment rate of working-aged people with disabilities is significantly lower than that of the general population.

## ***CURRENT STATUS***

A report issued by the University of California, San Francisco, pursuant to a grant from the U.S. Social Security Administration, tells us a great deal about the employment status of Californians with disabilities. Participants in the University's project were representative of the working-age California population. The project began in 1998 and was conducted annually for three years. The findings include:

- Persons with disabilities were much less likely to be employed than those without disabilities.
- Despite being employed, persons with disabilities had a much higher probability of poverty than those without disabilities.
- Among persons who had worked in the year prior to interview, those with disabilities were almost twice as likely as those without disabilities to report job losses.
- Having a disability appeared to accentuate the impact of other characteristics that jeopardize employment, including race/ethnicity, age, nativity, rural residence, and residence in regions with varying economic strengths.
- Persons with and without disabilities who were employed did not differ significantly in the size of their firms, the mix of their occupations and industries, or in any individual working condition, with the exception that persons with disabilities were more likely to report problems, such as no access to public transit, being a victim of crime, etc.

### **Projections and Trends**

To meet its advisory responsibilities, the Governor's Committee must consider the future population of California while evaluating and proposing improvements to the way people with disabilities are served.

#### ***Population, Immigration and Diversity***

"California is in the midst of a 15 million person growth surge," reports the School of Policy Planning and Development at the University of Southern California, "with its population rising from 29.5 million in 1990 to 45.0 million in 2020."

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It is safe to assume that along with a population increase, the number of people with disabilities will increase at least proportionately.

What is notable about the growth trends in California is the rapid increase in the immigrant population. In 1970, 8.6 percent of the population were immigrants. In 1980, the percentage rose to 15.1 percent, and in 1990 it was 21.8 percent. Planners and policy makers face multiple challenges in meeting the demands of this population growth.<sup>1</sup>

For example, the March 2004 projections of the U.S. Census indicate that the number of Hispanics and Asians will triple by 2050 and that non-Hispanic whites will comprise 50.1 percent of the U.S. population. California leads the nation in this increase. (See Appendix 4B for ethnic demographic information.)

According to Dowell Myers and John Pitkin in their *Demographic Futures for California*, the rate of disability in Hispanic and Asian/Pacific Islander populations is higher than actually reported. They believe people of these and other cultures tend not to self-report instances of disability in their households.<sup>2</sup>

If this assumption proves correct, the number of Californians with disabilities is and will continue to be higher than statistical totals or projected population growth would indicate.

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<sup>1</sup> Dowell Myers and John Pitkin. 2001. *Demographic Futures for California*. Population Dynamics Group, School of Policy, Planning, and Development. University of Southern California. Los Angeles, California.

<sup>2</sup> Ibid.

## ***CURRENT STATUS***

### **Youth**

The California Department of Education reports that out of a total enrollment of 6,050,895 students, more than 650,000 are registered in special education. Of the more than 40,000 students aged 16-22 who exit from special education each year, only 50 percent graduate with a diploma.

In addition, postsecondary institutions have experienced a tripling of the percentage of students reporting a disability. The largest growth is in students with learning disabilities.<sup>3</sup>

They also report that from the year 2001 to 2003, enrollment in special education increased by 25,000 youth and young adults.

### **Summary of Current Status**

For a variety of reasons, including the advances in medical science, the incidence of disability continues to rise. Projections of population and immigration growth indicate a pressing need to address the issues associated with the employment of increasing numbers of Californians with disabilities.

The importance of accurate demographic data is underscored by the reliance on such data, particularly census data, by State agencies in planning for eligible recipients under health, income, employment and training programs and other supportive services.

Given California's large immigration population, accurate estimates are important, but they are not enough. Data must go beyond racial categories and document the differences between ethnic groups and subgroups and language groups if the community's needs are to be understood and addressed.

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<sup>3</sup> Federal Register: 1998a.



## **THE CHALLENGE OF EMPLOYMENT BARRIERS**

Statistics alone cannot paint a complete picture of the world that people with disabilities face when they want to find work. Therefore, any report on the employment status of people with disabilities must examine the needs and barriers that keep them from seeking, finding, or retaining employment.

### **The Barriers**

The following list describes some of the most universal barriers that equally affect both people with disabilities and the employers who would hire them: <sup>4</sup>

- Limited opportunities in an increasingly competitive job market;
- Limited access to programs that teach the necessary skills to meet industry standards required by a competitive job market;
- Concerns about securing or retaining health coverage to provide the comprehensive healthcare necessary to live independently and participate fully in the workforce;
- Concerns that current legislation might affect Medi-Cal related services;
- The need for personal care assistance in the workplace;
- The need for supportive services to seek, find, and retain employment, such as: reliable, accessible transportation, childcare, and affordable housing;
- Concerns regarding potential liability or increased workers' compensation costs;
- Concerns that the possible cost of accommodation would be prohibitive;

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<sup>4</sup> *Delivering on the Promise*, Preliminary Report of Federal Agencies' Actions to Eliminate Barriers and Promote Community Integration, Presented to the President of the United States, December 21, 2001.

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- Understanding and navigating complex work incentive programs and healthcare benefit programs, and a shortage of specialists who understand the complexities of these federal and State programs;
- Attitudes based on misconceptions regarding disability including cultural diversity within disability and the productivity of people with disabilities;
- Insufficient outreach to the employer community to increase awareness of qualified job applicants and the benefits incurred by hiring people with disabilities.

### **Summary of Barriers**

An effective strategy to bring more people with disabilities into employment must include a coordinated effort to ensure access for all people seeking programs, services, and opportunities. This can only be accomplished by including all stakeholders in addressing and resolving, through policy and action, all barriers that prohibit or inhibit that access.

### **Addressing the Barriers**

Federal and State dollars support a spectrum of valuable programs and activities designed to overcome these barriers. Although the system remains somewhat of a patchwork approach, the goal of the Governor's Committee is to build a comprehensive strategy that will coordinate all of them to better serve people with disabilities.

### **Federal Response**

Federal programs include, but are not limited to:

#### ***Federal Initiatives***

The federal *Workforce Investment Act of 1998*, administered by the Employment Development Department, provides the framework for a workforce preparation and employment system that is designed to meet the needs of the business community and *all* people seeking employment and career

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advancement. When the law became effective on July 1, 2000, it mandated the One-Stop Career Center System as the service delivery mechanism for providing customers comprehensive employment and training services.

Two major programs administered by the U.S. Social Security Administration provide cash benefits to eligible individuals with disabilities. The Social Security Disability Income (SSDI) program makes benefit payments to individuals with disabilities, and certain family members, who have worked a sufficient number of years and paid social security taxes. The Social Security Administration reported that in December 2000, just over 437,000 Californians with disabilities received an average monthly benefit payment of \$799. Individuals receiving SSDI for 24 months are also eligible for Medicare coverage.

The Supplemental Security Income (SSI) program makes payments to aged, blind, and other individuals with disabilities with low or no income. California supplements SSI payments with State Supplemental Payments (SSP). The California Department of Social Services reports that in November 2002, 742,939 individuals with disabilities received SSI/SSP benefit payments. The average monthly payment in September 2002 was \$576. Medi-Cal coverage is automatic to all SSI/SSP recipients.

The U.S. Social Security Administration administers the Ticket to Work and Self-Sufficiency Program. This national program is designed to provide SSDI and SSI beneficiaries expanded access to vocational rehabilitation, employment and other support services that are necessary for regaining, obtaining or maintaining employment. The program is voluntary. In California, the program was initiated in November 2003.

**Federal Grants**

In 2002, a Work Incentive Grant from the U.S. Department of Labor funded the California Department of Rehabilitation for the development and implementation of the Workforce Investment Resources and Accommodations Project. This

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project was designed to provide training internships for 28 Workforce Accommodation Specialists. The Specialists received a 15-semester hour training certificate qualifying them to train new personnel serving people with disabilities and employers in the One-Stop Career Center System.

In 2002, the U.S. Centers for Medicare and Medicaid Services funded the Medicaid Infrastructure Grant to establish the California Health Incentives Improvement Project. It is responsible for conducting outreach and training to health care practitioners and people with disabilities on the 250% California Working Disabled Program and In-Home Supportive Services in the Workplace, as well as other disability related employment supports.

In 2003, another Work Incentive Grant from the Department of Labor funded the Employment Development Department to design comprehensive training on disability awareness and benefits programs for Disability Program Navigators. Additional funds were provided to pilot Disability Program Navigator positions at nine comprehensive one-stop career centers.

Also in 2003, the Department of Labor awarded a State Alignment Grant for Improving Transition Outcomes for Youth with Disabilities to the California Workforce Investment Board. This grant is intended to help assess the youth service delivery infrastructure with the ultimate goal of improving employment outcomes for youth with disabilities who are leaving school and seeking employment.

### **State Response Through Partnerships**

The Governor's Committee has responded to the AB 925 emphasis on collaboration by including State and local stakeholders within and beyond the parameters of mandated partnership.

To determine the extent of all services provided through State departments to serve people with disabilities, the Governor's Committee has established two workgroups that identify and map resources and coordinate grant applications among State departments. (See Appendix 5A for a more detailed description

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demonstrating how these efforts have brought together State and local partners.)

### **Mandated Partners**

The following is a list of the partners of the Governor's Committee working to advance employment, independence and self-sufficiency for people with disabilities.

- California Workforce Investment Board

The California Workforce Investment Board was established through an Executive Order to advise and assist in planning, coordinating, and implementing the provisions of the federal Workforce Investment Act of 1998. The Board provides one-stop career center status information to the Governor's Committee, along with updates on the implementation of the Ticket to Work Program.

#### ☐ *Local Workforce Investment Boards/Areas*

The federal Workforce Investment Act of 1998 requires that each local workforce investment board establish at least one comprehensive one-stop career center that provides universal access to programs and services. AB 925 adds a section to the California Unemployment Insurance Code to ensure that workforce preparation services are accessible to employers and job seekers with disabilities. Many of the required one-stop career center partners are also represented on the Governor's Committee. (See Appendix 5B, California Unemployment Insurance Code, Division 10, Sections 18000-18012.)

#### ☐ *Universal Access Workgroup*

The California Workforce Investment Board established the Universal Access Workgroup in 2001 to develop policy recommendations and capacity building activities related to program and physical access at the one-stop career centers.

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In 2002, the Universal Access Workgroup awarded funds to local service providers for the purchase of assistive technology. The Workgroup also drafted the California Physical and Program Self-Assessment Process, a tool by which local workforce investment areas can measure the accessibility of their local one-stop career centers. The local workforce investment areas provide a summary of their self-assessment to the Employment Development Department's Program Review Branch to use as a monitoring tool.

The workgroup is comprised of public and private partners that provide resources, training, technical assistance, administration, and monitoring to the One-Stop Career Center System.

- **Department of Developmental Services**

The Department of Developmental Services provides services and supports to children and adults with developmental disabilities. Services are provided through State residential developmental centers and locally through a statewide system of 21 regional centers. Regional centers are nonprofit private corporations with offices throughout California to act as a local resource for access to the many services available to individuals with developmental disabilities and their families.

- **Department of Health Services**

The Department of Health Services administers a broad range of public and clinical health programs that provide healthcare services to Californians. For example, the department administers the California Working Disabled Program, which was implemented in April 2000 to enable people with disabilities to participate in the workforce without losing their Medi-Cal coverage.

- ☐ ***The California Health Incentives Improvement Project***

The California Health Incentives Improvement Project is funded under a Medicaid Infrastructure Grant originally awarded to the Department of Health Services. The project is designed to promote outreach to health care practitioners and people with disabilities for the California Working

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Disabled Medi-Cal Buy-In Program and other health and disability-related benefits programs that facilitate employment of people with disabilities.

Key components of this project include: a statewide “train the trainers” benefits planning curricula and training program. This training is provided to professionals who serve people with disabilities so that they can help expand and build the capacity of a network of knowledgeable benefits planners; benefits planning tools and resources, and education and training on personal care assistance in the workplace. The California Institute on Human Services at Sonoma State University currently manages the project in coordination with the Department of Health Services, the Employment Development Department, and the Governor’s Committee.

- **Department of Mental Health**

The Department of Mental Health works through partnerships to ensure the availability and accessibility of effective, efficient, culturally competent services. The Department oversees the State mental hospital system. In the community, the Department works in collaboration with the Department of Rehabilitation in the Cooperative Mental Health Program, which assists county mental health clients with severe psychiatric disabilities in finding employment and living independently within their communities. (See Appendices 5C, 5D, and 5E for information provided by the Department of Mental Health.)

- **Department of Rehabilitation**

***The Department of Rehabilitation administers the largest vocational rehabilitation program in the country. The Department receives funding under Title IV of the Workforce Investment Act and is one of the 19 one-stop career center required partners. It provides vocational rehabilitation and employment placement services to its certified participants. Department representatives sit on each local Workforce Investment Board to ensure the physical and program access and effective coordination of services for its shared one-stop***

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career center customers. Their service delivery system includes oversight of the statewide Independent Living Center system. (See Appendix 5F provided by the Department of Rehabilitation.)

- Department of Social Services

The Department of Social Services provides aid, services and protection to needy children and adults. At the same time, the Department strives to strengthen and encourage individual responsibility and independence for families.

The Department of Social Services administers the In-Home Supportive Services Program. AB 925 amends the Welfare and Institutions Code to provide people with disabilities who are eligible to receive personal care in their home through the In-Home Supportive Services Program to use these services in the workplace.

- Employment Development Department

The Employment Development Department promotes economic development by connecting millions of job seekers and employers throughout California. Through hundreds of locations throughout the State, including one-stop career centers, it provides a variety of workforce development services.

The Department works in partnership with the Department of Rehabilitation and community-based organizations in Jobs for All, an employment program that helps move Californians with disabilities into the workforce by providing enhanced one-on-one employment services. The Department also provides primary administrative and staff support to the Governor's Committee in its implementation of AB 925.



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- ***State Independent Living Council***

In coordination with the Department of Rehabilitation, the State Independent Living Council prepares a State Plan for Independent Living, which sets the policy and funding levels for the State's network of Independent Living Centers and services. The Council solicits continual public feedback on the effectiveness of independent living services and the changing needs of the community.

### **Optional Partners**

AB 925 allows for optional members to the Governor's Committee membership. These may include representatives from other State departments and/or programs that support employment related needs of people with disabilities. To ensure that youth with disabilities are included as early as possible in the State's efforts, the Governor's Committee requested that representatives from the Department of Education and the Chancellor's Office of the California Community Colleges serve on the Governor's Committee. Representatives of each organization have agreed to participate. The Governor's Committee also collaborates with the State Personnel Board and other government entities.

Additionally, the Governor's Committee recognizes the importance of partnering with non-profit organizations that focus on issues affecting the disability community and ethnic communities. The World Institute on Disability and the California Foundation for Independent Living Centers were major participants with the mandated partners in the AB 925 Steering Committee, which convened in 2003 to develop the work plan to implement the legislation.

Also, committee members and staff worked with a newly created coalition, the Asian Pacific Islanders with Disabilities of California and the Pacific Disability Business Technical Assistance Center. Similar cooperative efforts with State and local partners will continue to be instrumental in identifying barriers and solutions to employment for people with disabilities.

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- California Community Colleges

California Community Colleges consist of 109 colleges that serve more than 2.9 million students and represent the largest system of higher education in the world. California Community Colleges administer the Disabled Student Programs and Services, providing support services, specialized instruction, and educational accommodations to students with disabilities. California Community Colleges also participate in WorkAbility III, serving students with disabilities who are clients of the Department of Rehabilitation, providing job placement services to these students who are “job ready” and want to go to work.

- Department of Education

Through its Special Education program, the Department of Education partners with the Department of Rehabilitation in the WorkAbility I and WorkAbility II programs. The WorkAbility I Program provides special education to middle and high school students with job skills training and employment preparation for placement in unsubsidized jobs. WorkAbility II is a specialized employment preparation program to assist Regional Occupational Programs students with disabilities to obtain work experience and employment. (See Appendix 5G provided by the Department of Education.)

- State Personnel Board

The State Personnel Board ensures that the State meets its obligations to provide equal employment opportunity. It monitors non-discriminatory practices through the collection of statistical information about the State civil service workforce.

- California Foundation for Independent Living Centers

The California Foundation for Independent Living Centers is a statewide, nonprofit organization. Of 28 operating Independent Living Centers in California, 24 are dues-paying members of the Foundation.

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The Foundation collaborates with the Independent Living Centers to create positive change in their local communities through access for and integration of people with disabilities. This is accomplished through advocacy for systems change at the State and federal level. The Foundation coordinates efforts for positive public policy changes that will benefit Californians with disabilities.

- **World Institute on Disability**

The World Institute on Disability is a nonprofit research, training and public policy center promoting the civil rights and full societal inclusion of people with disabilities.

With funding from State departments of the Labor and Workforce Development, and Health and Human Services Agencies, the World Institute on Disability developed Disability Benefits 101, a benefits planning information center Web site. The Web site brings together rules for health coverage, benefits and employment programs that people with disabilities use, helping workers, job seekers, and service providers understand the connections between work and benefits.

### ***Employer Partners***

- **Business as an Employer**

The development of a comprehensive system to increase the employment rate of people with disabilities must include the active participation of the business community. The Governor's Committee recognizes the leadership role employers play in identifying barriers and proposing solutions to increase employment opportunities for Californians with disabilities, and has worked to promote best employment practices of many California employers in fields as diverse as banking, hospitality, high-tech, retail and insurance.

Tom Donohue, President/CEO of the U.S. Chamber of Commerce states that the combination of an aging population, low birth rates, increasing economic growth and the emergence of the global economy has made the search for skilled workers

## ***THE CHALLENGE OF EMPLOYMENT BARRIERS***

a top priority for most businesses. Recent studies indicate that two out of three working aged people with disabilities who are unemployed would prefer to be working. As employers throughout California search to find qualified applicants, people with disabilities represent a major untapped portion of our population.

- 
- Government as an Employer

AB 925 requires California's Labor and Workforce Development Agency and Health and Human Services Agency to include in a statewide, comprehensive strategy, methods for ensuring that State government is a model employer for individuals with disabilities.

The State has long been a leader in providing people with disabilities an opportunity to work. For example:

The State Personnel Board administers the Limited Examination and Appointment Program (LEAP), an alternate selection process designed to facilitate the recruitment and hiring of people with disabilities, and to provide a non-discriminatory way to demonstrate their qualifications for employment. (See Appendix 5H for LEAP and State Civil Service data.)

## **CALIFORNIA'S EMPLOYMENT AND TRAINING DELIVERY SYSTEM**

### **One-Stop Career Center System**

The federal Workforce Investment Act of 1998 provides the framework for a workforce preparation and employment system that is designed to meet the needs of the business community and all people wanting to enter the workforce and advance their careers.

In California, the One-Stop Career Center System is a statewide network of conveniently located centers that provide employment, education, and training services. Required services for employers and job seekers are centered in accessible, community-based one-stop career centers under the jurisdiction of the local workforce investment boards. The Act mandates 19 partners, many of whom are represented on the Governor's Committee, whose services must be accessible at or through at least one comprehensive one-stop career center in each local workforce investment area. (See Appendix 6A for a list of the mandated partners.)

### **Access for All**

AB 925 requires all workforce preparation services to be accessible to employers and jobseekers with disabilities through the One-Stop Career Center System.

One-stop career centers provide access to the partner administered and delivered services, including Unemployment Insurance, labor exchange, vocational education, vocational rehabilitation, and youth programs. At least one one-stop career center in each area has all employment, training, and education partners and programs on site; others may have only a limited number of partners and programs.

***CALIFORNIA'S EMPLOYMENT AND TRAINING  
DELIVERY SYSTEM***

**Barriers to Universal Access**

The State oversees and certifies local workforce investment boards and the One-Stop Career Center System. Part of that oversight responsibility is to assure physical and program access to all one-stop career center services, including people with disabilities. (See Appendix 6B for Data on Employment Outcomes for People with Disabilities.)

The California Workforce Investment Board through informal customer satisfaction questions, identified several barriers that discourage customers with disabilities from using one-stop career center services:

- Inadequate outreach to the disability community informing them of available services.
- The need for auxiliary aids and assistive technology.
- Little customer control over the selection of providers that can provide adequate assistance in securing and maintaining employment.
- Limited sensitivity to working with people with disabilities by one-stop career center staff.
- Insufficient front-line staff who are knowledgeable and well trained on disability services and benefits coordination.

The Governor's Committee, in adhering to the requirements of AB 925, is addressing these barriers, including:

- Supporting the California Workforce Investment Board and the local one-stop career centers in their efforts to achieve full compliance with Division 10 of the California Unemployment Insurance Code.
- Ensuring accessibility provisions of State and federal laws are addressed in the evaluation and monitoring of one-stop career centers.

***CALIFORNIA'S EMPLOYMENT AND TRAINING  
DELIVERY SYSTEM***

- Reviewing the monitoring tools provided to one-stop career centers for self-assessment to ensure that all provisions are included.
- Advising California's Labor and Workforce Development Agency and Health and Human Services Agency on the extent to which any of the 400 plus one-stop career centers are not in full compliance and the reason for the lack of compliance, including the need for additional resources.

The implications of providing full access to people with disabilities in all one-stop career centers are enormous. The monetary and human investment needed to serve all populations, people with and without disabilities, people with limited English, and other special populations, is a daunting task. To be successful, all stakeholders must be committed to strong collaboration in order to maximize existing resources.

As the Governor's Committee enters its second year of AB 925 implementation, efforts will continue to focus on stronger collaboration at the State and local levels, and to identify existing resources that can be directed toward achieving full accessibility to programs and services by people with disabilities in California's One-Stop Career Center System.

# CONCLUSION

## Conclusion and Recommendations

### Conclusion

The number of Californians with disabilities continues to increase while the employment rate for individuals with disabilities who want to work remains significantly lower than for the general population. This fact presents all stakeholders and service providers with a challenge worthy of acceptance.

As California competes in the global marketplace, a willing but untapped workforce seeks employment. As evidenced in the information on page 10, Federal Initiatives, the cost of not assisting individuals with disabilities to become employed far outweighs the initial investment in assisting them to transition from being dependent on government benefit payments to being employed and economically self-sufficient. To increase the current employment rate, all of the affected stakeholders need to work together to identify existing barriers and develop effective solutions. This will require continued collaboration, an objective analysis of the current system, and a willingness to explore major change.

In the next year, the Governor's Committee will continue to refine its leadership role as the hub for coordinated policy formation and employment strategy. It will continue on-going efforts to develop a better-informed membership, staff and public. The Governor's Committee will provide a venue for stakeholders to share their concerns, ideas and suggestions on how workforce inclusion for people with disabilities can best be achieved, and it will formulate recommendations based on the information gathered. It also will continue to work with private business leaders to identify and promote best practices.

As the Governor's Committee moves forward to meet these challenges, it needs strong, continuing leadership and support from the Governor and the State Legislature.



# CONCLUSION

## **Recommendations**

### ***Need for Accurate Data***

In order for the Governor's Committee to meet its obligation to improve and report upon the employment status of Californians, reliable data are imperative. Researching statistical information for this report revealed that there are wide discrepancies in the disability data collected through current health, employment, and population surveys. These discrepancies are the result of an array of disability definitions, survey methodologies, and researcher assumptions.

As a leader in population growth and ethnic diversity, California must meet the challenge within its own borders and pave the way for the rest of the country by developing sound disability policy and making prudent funding decisions. The State needs a disability and employment data reporting and collection system to enable its leadership to do both.

### ***Need for Statewide Consistency***

To build the confidence of people with disabilities in the One-Stop Career Center System, California's outreach, workforce development, and supportive services must be consistently available and accessible to people with disabilities and potential employers. One-stop career centers must be physically and programmatically accessible. All staff in one-stop career centers must be sensitive to and trained to recognize the service needs of people with disabilities. Assistive technology and auxiliary aids must be consistently available.

The Governor's Committee is committed to keeping these goals in focus in the coming year.

# CONCLUSION

## ***The Role of Employers***

It would be impossible to achieve the goal of increased employment for Californians with disabilities without the involvement and commitment of the employer community. It holds the key to the final "Yes." With information and education, employers will be able to focus on the advantages of including qualified people with disabilities in the workforce. Drawing on its history of building strong relationships with business and educating them to the value of employing people with disabilities, the Governor's Committee will conduct outreach activities in the coming year to increase communication and outreach.

With the convergence of numerous federal, State and local initiatives, California has an unprecedented opportunity to develop a truly effective employment system for people with disabilities and a better California for all.

# APPENDICES

## ASSEMBLY BILL 925

BILL NUMBER: AB 925 CHAPTERED  
BILL TEXT

CHAPTER 1088

FILED WITH SECRETARY OF STATE SEPTEMBER 29, 2002

APPROVED BY GOVERNOR SEPTEMBER 29, 2002

PASSED THE SENATE AUGUST 30, 2002

PASSED THE ASSEMBLY AUGUST 30, 2002

AMENDED IN SENATE AUGUST 29, 2002

AMENDED IN SENATE AUGUST 26, 2002

AMENDED IN SENATE AUGUST 19, 2002

AMENDED IN SENATE JUNE 29, 2002

AMENDED IN SENATE JUNE 28, 2001

AMENDED IN ASSEMBLY JUNE 4, 2001

AMENDED IN ASSEMBLY APRIL 23, 2001

AMENDED IN ASSEMBLY APRIL 3, 2001

INTRODUCED BY Assembly Member Aroner

(Coauthors: Assembly Members Havice, Negrete McLeod, Pavley, and Strom-Martin)

(Coauthors: Senators Romero and Vasconcellos)

FEBRUARY 23, 2001

An act to add Sections 12803.6, 12803.65, and 12803.7 to the Government Code, to add Division 10 (commencing with Section 18000) to the Unemployment Insurance Code, and to amend Sections 12300 and 14132.95 of, and to add Sections 14007.95 and 14132.955 to, the Welfare and Institutions Code, relating to disabilities.

### LEGISLATIVE COUNSEL'S DIGEST

AB 925, Aroner. Employment of persons with disabilities.

Existing law contains various programs to assist persons with disabilities to obtain employment.

This bill would require the California Health and Human Services Agency and the Labor and Workforce Development Agency, using existing resources, to create a sustainable, comprehensive strategy to accomplish various goals aimed at bringing persons with disabilities into employment.

## ASSEMBLY BILL 925

The bill would require the Governor to rename and authorize the existing California Governor's Committee on Employment of Disabled Persons, as the "California Governor's Committee on Employment of People with Disabilities," would require the committee to be established in the Labor and Workforce Development Agency, and would specify the membership and duties of the committee.

The bill would also require the committee, to the extent that funds are available, to make grants to counties and local workforce investment boards in order to develop local strategies for enhancing employment opportunities for people with disabilities, and to fund comprehensive local and regional benefits planning and outreach programs to assist persons with disabilities in removing barriers to work.

Existing law contains various programs for job training and employment investment. Among other things, provisions are made for local workforce investment boards. In addition, a State Workforce Investment Board has been established in accordance with federal law.

This bill would require each local workforce investment board to establish at least one comprehensive one-stop career center and would impose various requirements related to ensuring that those one-stop centers provide universal access to services pursuant to the federal Workforce Investment Act of 1998 for persons with disabilities.

The bill would also require that, if permitted by federal law, the California Workforce Investment Board and local workforce investment boards include persons with disabilities.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Services, under which qualified low-income persons are provided with health care services.

Existing law specifies procedures under which personal care services meeting certain conditions, when provided to a categorically needy person, as defined, are a covered Medi-Cal benefit to the extent federal financial participation is available. Under existing law, these provisions become inoperative on July 1, 2002, and as of January 1, 2003, are repealed.

This bill would require these personal care services to include services in the recipient's place of employment, under specified conditions. By expanding the scope of personal care services, the bill would create a state-mandated local program. The bill would also delete the inoperative and repeal dates described above, thereby making these Medi-Cal benefit coverage provisions operative on and after January 1, 2003.

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The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** The Legislature finds and declares all of the following:

(a) Historically, federal programs for adults with disabilities have encouraged dependency on income supports and have created barriers to employment and economic self-sufficiency. Even in strong economic times, adults with disabilities have had limited options and faced major barriers to achieve economic self-sufficiency, resulting in prolonged reliance upon public assistance programs and an unacceptably high unemployment rates statewide.

(b) Federal laws enacted during the 1990's offered significant public policies and fiscal incentives designed to assist states to restructure workforce development programs into integrated workforce investment systems that will respond to the employment, training, and education needs of its citizens.

(c) Since 1998, employment-focused reforms for adults with disabilities in the workforce have been enacted into Medicare, medicaid, the Supplemental Security Income Program (SSI), the Social Security Disability Insurance Program (SSDI), and with respect to programs administered by the United States Department of Labor, and the United States Department of Education.

(d) The federal Workforce Investment Act of 1998 (WIA), (Public Law 105-220) redesigned major federal public employment programs, and included a requirement that services for employers and employees be centered in accessible, community-based one-stop centers.

(e) The federal Ticket to Work and Work Incentives Improvement Act of 1999, (Public Law 106-170) increased opportunities for states to remove and minimize barriers to employment for people with disabilities by improving access to health care coverage available under Medicare and medicaid.

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(f) Beginning February 1, 2002, the Social Security Ticket to Work program (TTW) began a state-by-state phase in period nationally, allowing SSI and SSDI beneficiaries to receive a "ticket" from the Social Security Administration that can be assigned for employment services to a wider pool of rehabilitation, employment, or other employment support service providers. The Ticket to Work program (TTW) is scheduled for implementation in California in July 2003.

(g) The programs and consumer options provided under Public Law 106-170 are based upon public policies that respect the rights of consumers to control decisions related to health care, rehabilitation, and employment within the framework of independent living principles and guidelines that include, but are not limited to, providing consumers of these services with an array of choices to promote independence and financial stability.

(h) California took a significant step forward in removing barriers to work for Californians with disabilities when it enacted Chapter 820 of the Statutes of 1999 (Assembly Bill 155, introduced by Assembly Member Migden, which has been referred to as the "250% California Working Disabled Program" or "CWD") under which any employed individual who is disabled and whose countable income, as determined pursuant to Section 14007.9 of the Welfare and Institutions Code, does not exceed 250 percent of the federal poverty level shall be eligible for Medi-Cal benefits, subject to the payment of sliding-scale premiums set by the State Department of Health Services. Two years after its implementation, CWD program enrollment is just above 500, which is significantly below budgeted projections.

(i) California received a "Medicaid Infrastructure Grant" (MIG) that is expected to continue for a second year, and that allows the State Department of Health Services to administer the California Health Incentive Improvement Project with the assistance of a project steering committee in order to bolster the state's efforts to conduct outreach, research, and analysis related to the implementation of Chapter 820 of the Statutes of 1999.

(j) California will have the opportunity to coordinate its activities with privately funded initiatives to identify potential cost savings that could be achieved if California adopted additional policies available to the state through the federal Balanced Budget Act of 1997 and the Ticket to Work and Work Incentives Improvement Act, including, but not limited to, raising the income standard, changing rules related to disregarding or exempting resources, providing adjustments to the amount of premiums paid on a sliding scale, including adjustments based on the amount paid for other health insurance, and providing an allowance for coverage for up to 18 months in the case of loss of employment.

(k) The California Governor's Committee on Employment of Disabled Persons, through its staff and volunteers, promotes in the private and public sectors

## ASSEMBLY BILL 925

understanding and information on employment supports and benefits for people with disabilities who transition from benefits as the sole source of income to gainful employment.

**SECTION 2.** Section 12803.6 is added to the Government Code, to read:

12803.6. (a) The Governor shall authorize the secretary of the Labor and Workforce Development Agency, in collaboration with the secretary of the California Health and Human Services Agency, to make available the expertise of state employees and programs to support the employment-related needs of individuals with disabilities. Using existing resources, the agencies shall develop a sustainable, comprehensive strategy to do all of the following:

- (1) Bring adults with disabilities into gainful employment at a rate that is as close as possible to that of the general adult population.
- (2) Support the goals of equality of opportunity, full participation, independent living, and economic self-sufficiency for these individuals.
- (3) Ensure that state government is a model employer of individuals with disabilities.
- (4) Support state coordination with, and participation in, benefits planning training and information dissemination projects supported by private foundations and federal grants.

(b) (1) The Labor and Workforce Development Agency shall monitor and enforce implementation of Section 188 of the federal Workforce Investment Act of 1998 (29 U.S.C. Sec. 2938), and shall require local workforce investment boards to report as follows:

(A) By July 1, 2003, each local workforce investment board shall report to the Labor and Workforce Development Agency or its designated department on the steps it has taken to ensure compliance with Section 188 of the federal Workforce Investment Act of 1998 (29 U.S.C. Sec. 2938), in regard to the provisions as they apply to persons with disabilities.

(B) By October 31, 2003, each local workforce investment board that chooses to participate in the federal Ticket to Work and Self-Sufficiency program shall report to the California Workforce Investment Board on its readiness to meet the eligibility standards to serve as an employment network under the federal Ticket to Work and Self-Sufficiency program (Section 1148(f), Part A, Title XI of the Social Security Act, 42 U.S.C. Section 1320b-19).



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(2) The Labor and Workforce Development Agency shall report its findings, based on the reports described in subparagraph (A) of paragraph (1), to the Governor and the Legislature.

**SECTION 3.** Section 12803.65 is added to the Government Code, to read:

12803.65. (a) The Governor shall rename and establish, in the Labor and Workforce Development Agency, the existing California Governor's Committee on Employment of Disabled Persons as the "California Governor's Committee on Employment of People with Disabilities" or "CGCEPD."

(b) (1) The California Governor's Committee on Employment of People with Disabilities shall include, but not be limited to, the following:

(A) Four individuals with disabilities representing disabled persons, two appointed by the Governor and one each appointed by the Senate Committee on Rules and the Speaker of the Assembly, each for a three-year term.

(B) The Directors of the Employment Development Department, State Department of Health Services, State Department of Mental Health, State Department of Developmental Services, State Department of Social Services, and Department of Rehabilitation, and the Chair of the State Independent Living Council.

(C) Representatives from the State Department of Health Services' California Health Incentive Improvement Project.

(D) A representative from the California Workforce Investment Board.

(E) Representatives from any other department or program that may have a role in increasing the capacity of state programs to support the employment-related needs of individuals with disabilities.

(F) A representative from a local one-stop or local workforce investment board, to be appointed by the Governor.

(G) A business representative with experience in employing persons with disabilities, to be appointed by the Governor.

(2) The members of the California Governor's Committee on Employment of People with Disabilities shall select a chair from among the members, and shall hold open meetings no less than quarterly.

(c) The California Governor's Committee on Employment of People with Disabilities shall consult with and advise the Labor and Workforce Development Agency and the California Health and Human Services Agency on all issues related to full inclusion in the workforce of persons with disabilities, including development of the comprehensive strategy required pursuant to Section

## ASSEMBLY BILL 925

12803.6 and implementation of the grant program established pursuant to Section 12803.7.

(d) The California Governor's Committee on Employment of People with Disabilities shall also:

(1) Coordinate and provide leadership, as necessary, with regard to efforts to increase inclusion in the workforce of persons with disabilities.

(2) Report annually to the Legislature and the Governor on the employment status of Californians with disabilities.

(e) The California Governor's Committee on Employment of People with Disabilities shall provide support to the State Workforce Investment Board and the local one-stop centers in their efforts to achieve full compliance with Sections 18002, 18004, 18006, and 18008 of the Unemployment Insurance Code, and shall identify the extent to which any one-stops are not in full compliance with those sections and the reasons for the lack of compliance, including the need for additional resources.

(f) The California Governor's Committee on Employment of People with Disabilities shall meet quarterly with the California Health Incentive Improvement Project, administered by the State Department of Health Services, and the project's steering committee, to the extent funding for the project continues and the activities of the California Governor's Committee on Employment of People with Disabilities are not inconsistent with the charge of the California Health Incentive Improvement Project.

(g) Using existing funding, the California Governor's Committee on Employment of People with Disabilities shall facilitate, promote, and coordinate collaborative dissemination of information on employment supports and benefits, which shall include the Ticket to Work program and health benefits, to individuals with disabilities, consumers of public services, employers, service providers, and state and local agency staff.

(h) Using existing funding, the California Governor's Committee on Employment of People with Disabilities shall receive primary administrative and staff support from the State Employment Development Department.

**SECTION 4.** Section 12803.7 is added to the Government Code, to read:

12803.7. The California Governor's Committee on Employment of People with Disabilities, in conjunction with the Department of Rehabilitation, pursuant to Section 12803.65 and to the extent that funds are available, shall make grants available to counties and local workforce investment boards, through collaborative efforts of public agencies and private organizations, including

## ASSEMBLY BILL 925

organizations that serve people with disabilities, to accomplish both of the following purposes:

(a) To develop local strategies, including, but not limited to, regular cross-agency staff training, for enhancing employment opportunities for individuals with disabilities.

(b) To fund comprehensive local or regional benefits planning and outreach programs to assist individuals with disabilities in removing barriers to work.

**SECTION 5.** Division 10 (commencing with Section 18000) is added to the Unemployment Insurance Code, to read:

### DIVISION 10. EMPLOYMENT ASSISTANCE FOR WORKERS WITH DISABILITIES

18000. (a) It is the purpose of this division to ensure that workforce preparation services provided through California's one-stop centers, including information and services provided electronically, are accessible to employers and jobseekers with disabilities.

(b) It is further the intent of the Legislature that one-stop centers provide appropriate services to individuals with disabilities to enhance their employability.

(c) It is further the intent of the Legislature that, in order to achieve the goals specified in subdivisions (a) and (b), local workforce investment boards plan for and report on services to jobseekers and employers with disabilities, including the implementation of the federal Ticket to Work program for those local workforce investment boards and one-stop centers that choose to implement the Ticket to Work program in their local workforce investment areas.

18002. Each local workforce investment board shall establish at least one comprehensive one-stop career center in each local workforce investment area. These one-stop centers shall ensure access to services pursuant to Section 134(d) of the federal Workforce Investment Act of 1998 (29 U.S.C. Sec. 2864(d)), including services for persons with disabilities, including, but not limited to, all of the following:

(a) Outreach, intake, and orientation.

(b) Initial assessments of skills, aptitudes, abilities, and need for support services.

(c) Program eligibility determinations.

(d) Information on the local, regional, and national labor market.

(e) Information on filing for unemployment insurance.

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(f) Access to intensive services as needed, including, but not limited to, comprehensive and specialized assessments of skill levels and service needs, development of individual employment plans, group counseling, individual counseling and career planning, case management for participants seeking training services under subdivision (g), and short-term prevocational services, such as learning, communication, interview, and other jobseeking and work related skills to help prepare individuals for unsubsidized employment and training.

(g) Training services, including, but not limited to, occupational skills training, on-the-job training, workplace training and cooperative education programs, private sector training programs, skills upgrade and retraining, entrepreneurial training, job readiness training, adult education, and literacy activities combined with training, and customized training.

18004. The local workforce investment boards shall schedule and conduct regular performance reviews of their one-stop centers to determine whether the centers and providers are providing effective and meaningful opportunities for persons with disabilities to participate in the programs and activities of the centers and providers.

18006. One-stop center counselor staff shall provide accurate information to beneficiaries of Supplemental Security Income and the State Supplemental Program and Social Security Disability Insurance on the implications of work for these individuals. The information shall include, but not be limited to, referrals to appropriate benefits' planners. One-stop center counselor staff shall also provide accurate information to individuals with disabilities on how they may gain access to Medi-Cal benefits pursuant to Section 14007.9 of the Welfare and Institutions Code.

18008. In order to ensure that one-stop career centers operated by local workforce investment boards meet the needs of workers and employers with disabilities, the Governor shall ensure that evaluations conducted pursuant to Sections 134 (a)(2)(B)(ii) and (v) of the federal Workforce Investment Act of 1998 (29 U.S.C. Sec. 2864 (a)(2)(B)(ii) and (v)), address how local one-stop centers provide all of the following:

(a) Full access to workforce development services for their disabled community.

(b) Assistive technology to ensure access to services.

(c) Staff training on assessment and service strategies for jobseekers and employers with disabilities.

(d) Representation of the disability community in program planning and service delivery.

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(e) The development of regional employment networks to participate in the federal Ticket to Work program and the role of the local board and one-stop centers in the Ticket to Work program.

18010. The California Workforce Investment Board shall report to the Governor and the Legislature by September 30, 2004, on the status of one-stop services to individuals with disabilities and implementation of the federal Ticket to Work program in California.

18012. If permitted by federal law, the California Workforce Investment Board and local workforce investment boards shall include persons with disabilities or their representatives, with a particular effort to include such persons who are not employees of state or local government.

**SECTION 6.** Section 12300 of the Welfare and Institutions Code is amended to read:

12300. (a) The purpose of this article is to provide in every county in a manner consistent with this chapter and the annual Budget Act those supportive services identified in this section to aged, blind, or disabled persons, as defined under this chapter, who are unable to perform the services themselves and who cannot safely remain in their homes or abodes of their own choosing unless these services are provided.

(b) Supportive services shall include domestic services and services related to domestic services, heavy cleaning, personal care services, accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites, yard hazard abatement, protective supervision, teaching and demonstration directed at reducing the need for other supportive services, and paramedical services which make it possible for the recipient to establish and maintain an independent living arrangement.

(c) Personal care services shall mean all of the following:

- (1) Assistance with ambulation.
- (2) Bathing, oral hygiene, and grooming.
- (3) Dressing.
- (4) Care and assistance with prosthetic devices.
- (5) Bowel, bladder, and menstrual care.
- (6) Repositioning, skin care, range of motion exercises, and transfers.
- (7) Feeding and assurance of adequate fluid intake.
- (8) Respiration.

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(9) Assistance with self-administration of medications.

(d) Personal care services are available if these services are provided in the beneficiary's home and other locations as may be authorized by the director. Among the locations that may be authorized by the director under this paragraph is the recipient's place of employment if all of the following conditions are met:

(1) The personal care services are limited to those that are currently authorized for a recipient in the recipient's home and those services are to be utilized by the recipient at the recipient's place of employment to enable the recipient to obtain, retain, or return to work. Authorized services utilized by the recipient at the recipient's place of employment shall be services that are relevant and necessary in supporting and maintaining employment. However, workplace services shall not be used to supplant any reasonable accommodations required of an employer by the Americans with Disabilities Act (42 U.S.C. Sec. 12101 et seq.; ADA) or other legal entitlements or third-party obligations.

(2) The provision of personal care services at the recipient's place of employment shall be authorized only to the extent that the total hours utilized at the workplace are within the total personal care services hours authorized for the recipient in the home. Additional personal care services hours may not be authorized in connection with a recipient's employment.

(e) Where supportive services are provided by a person having the legal duty pursuant to the Family Code to provide for the care of his or her child who is the recipient, the provider of supportive services shall receive remuneration for the services only when the provider leaves full-time employment or is prevented from obtaining full-time employment because no other suitable provider is available and where the inability of the provider to provide supportive services may result in inappropriate placement or inadequate care.

These providers shall be paid only for the following:

(1) Services related to domestic services.

(2) Personal care services.

(3) Accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites.

(4) Protective supervision only as needed because of the functional limitations of the child.

(5) Paramedical services.

(f) To encourage maximum voluntary services, so as to reduce governmental costs, respite care shall also be provided. Respite care is temporary or periodic service for eligible recipients to relieve persons who are providing care without compensation.

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(g) A person who is eligible to receive a personal care service or an ancillary service provided pursuant to Section 14132.95 shall not be eligible to receive that same service pursuant to this article.

(h) (1) All services provided pursuant to this article shall be equal in amount, scope, and duration to the same services provided pursuant to Section 14132.95, including any adjustments that may be made to those services pursuant to subdivision (e) of Section 14132.95.

(2) Notwithstanding any other provision of this article, the rate of reimbursement for in-home supportive services provided through any mode of service shall not exceed the rate of reimbursement established under subdivision (j) of Section 14132.95 for the same mode of service unless otherwise provided in the annual Budget Act.

(3) Any recipient receiving services under both Section 14132.95 and this article shall receive no more than 283 hours of service per month, combined, and any recipient of services under this article shall receive no more than the applicable maximum specified in Section 12303.4.

**SECTION 7.** Section 14007.95 is added to the Welfare and Institutions Code, to read:

14007.95. The department shall report to the Governor and the Legislature any information the department gathers from the California Health Improvement Project, or from any other public or private sources, that may explain the low participation rates in the optional program provided pursuant to Section 14007.9 and any recommendations from the department on actions the state may take to increase participation by eligible persons in a manner that is cost effective for the state and beneficial for the participants.

**SECTION 8.** Section 14132.95 of the Welfare and Institutions Code is amended to read:

14132.95. (a) Personal care services, when provided to a categorically needy person as defined in Section 14050.1 is a covered benefit to the extent federal financial participation is available if these services are:

(1) Provided in the beneficiary's home and other locations as may be authorized by the director subject to federal approval.

(2) Authorized by county social services staff in accordance with a plan of treatment.

(3) Provided by a qualified person.

## ASSEMBLY BILL 925

(4) Provided to a beneficiary who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services described in this section.

(b) The department shall seek federal approval of a state plan amendment necessary to include personal care as a medicaid service pursuant to subdivision (f) of Section 440.170 of Title 42 of the Code of Federal Regulations. For any persons who meet the criteria specified in subdivision (a) or (p), but for whom federal financial participation is not available, eligibility shall be available pursuant to Article 7 (commencing with Section 12300) of Chapter 3, if otherwise eligible.

(c) Subdivision (a) shall not be implemented unless the department has obtained federal approval of the state plan amendment described in subdivision (b), and the Department of Finance has determined, and has informed the department in writing, that the implementation of this section will not result in additional costs to the state relative to state appropriation for in-home supportive services under Article 7 (commencing with Section 12300) of Chapter 3, in the 1992-93 fiscal year.

(d) (1) For purposes of this section, personal care services shall mean all of the following:

- (A) Assistance with ambulation.
- (B) Bathing, oral hygiene and grooming.
- (C) Dressing.
- (D) Care and assistance with prosthetic devices.
- (E) Bowel, bladder, and menstrual care.
- (F) Skin care.
- (G) Repositioning, range of motion exercises, and transfers.
- (H) Feeding and assurance of adequate fluid intake.
- (I) Respiration.
- (J) Paramedical services.
- (K) Assistance with self-administration of medications.

(2) Ancillary services including meal preparation and cleanup, routine laundry, shopping for food and other necessities, and domestic services may also be provided as long as these ancillary services are subordinate to personal care services. Ancillary services may not be provided separately from the basic personal care services.



## ASSEMBLY BILL 925

(e) (1) (A) After consulting with the State Department of Social Services, the department shall adopt emergency regulations to establish the amount, scope, and duration of personal care services available to persons described in subdivision (a) in the fiscal year whenever the department determines that General Fund expenditures for personal care services provided under this section and expenditures of both General Fund moneys and federal funds received under Title XX of the federal Social Security Act for services pursuant to Article 7 (commencing with Section 12300) of Chapter 3, are expected to exceed the General Fund appropriation and the federal appropriation under Title XX of the federal Social Security Act provided for the 1992-93 fiscal year pursuant to Article 7 (commencing with Section 12300) of Chapter 3, as it read on June 30, 1992, as adjusted for caseload growth or as increased in the Budget Act or appropriated by statute. At least 30 days prior to filing these regulations with the Secretary of State, the department shall give notice of the expected content of these regulations to the fiscal committees of both houses of the Legislature.

(B) In establishing the amount, scope, and duration of personal care services, the department shall ensure that General Fund expenditures for personal care services provided for under this section and expenditures of both General Fund moneys and federal funds received under Title XX of the federal Social Security Act for services pursuant to Article 7 (commencing with Section 12300) of Chapter 3, do not exceed the General Fund appropriation and the federal appropriation under Title XX of the federal Social Security Act provided for the 1992-93 fiscal year pursuant to Article 7 (commencing with Section 12300) of Chapter 3, as it read on June 30, 1992, as adjusted for caseload growth or as increased in the Budget Act or appropriated by statute.

(C) For purposes of this subdivision, "caseload growth" means an adjustment factor determined by the department based on (1) growth in the number of persons eligible for benefits under Chapter 3 (commencing with Section 12000) on the basis of their disability, (2) the average increase in the number of hours in the program established pursuant to Article 7 (commencing with Section 12300) of Chapter 3 in the 1988-89 to 1992-93 fiscal years, inclusive, due to the level of impairment, and (3) any increase in program costs that is required by an increase in the mandatory minimum wage.

(2) In establishing the amount, scope, and duration of personal care services pursuant to this subdivision, the department may define and take into account, among other things:

(A) The extent to which the particular personal care services are essential or nonessential.

(B) Standards establishing the medical necessity of the services to be provided.

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(C) Utilization controls.

(D) A minimum number of hours of personal care services that must first be assessed as needed as a condition of receiving personal care services pursuant to this section.

The level of personal care services shall be established so as to avoid, to the extent feasible within budgetary constraints, medical out-of-home placements.

(3) To the extent that General Fund expenditures for services provided under this section and expenditures of both General Fund moneys and federal funds received under Title XX of the federal Social Security Act for services pursuant to Article 7 (commencing with Section 12300) of Chapter 3 in the 1992-93 fiscal year, adjusted for caseload growth, exceed General Fund expenditures for services provided under this section and expenditures of both General Fund moneys and federal funds received under Title XX of the federal Social Security Act for services pursuant to Article 7 (commencing with Section 12300) of Chapter 3 in any fiscal year, the excess of these funds shall be expended for any purpose as directed in the Budget Act or as otherwise statutorily disbursed by the Legislature.

(f) Services pursuant to this section shall be rendered, under the administrative direction of the State Department of Social Services, in the manner authorized in Article 7 (commencing with Section 12300) of Chapter 3, for the In-Home Supportive Services program. A provider of personal care services shall be qualified to provide the service and shall be a person other than a member of the family. For purposes of this section, a family member means a parent of a minor child or a spouse.

(g) A beneficiary who is eligible for assistance under this section shall receive services that do not exceed 283 hours per month of personal care services.

(h) Personal care services shall not be provided to residents of facilities licensed by the department, and shall not be provided to residents of a community care facility or a residential care facility for the elderly licensed by the Community Care Licensing Division of the State Department of Social Services.

(i) Subject to any limitations that may be imposed pursuant to subdivision (e), determination of need and authorization for services shall be performed in accordance with Article 7 (commencing with Section 12300) of Chapter 3.

(j) (1) To the extent permitted by federal law, reimbursement rates for personal care services shall be equal to the rates in each county for the same mode of services in the In-Home Supportive Services program pursuant to Article 7 (commencing with Section 12300) of Chapter 3, plus any increase provided in the annual Budget Act for personal care services rates or included in a county budget pursuant to paragraph (2).

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(2) (A) The department shall establish a provider reimbursement rate methodology to determine payment rates for the individual provider mode of service that does all of the following:

(i) Is consistent with the functions and duties of entities created pursuant to Section 12301.6.

(ii) Makes any additional expenditure of state general funds subject to appropriation in the annual Budget Act.

(iii) Permits county-only funds to draw down federal financial participation consistent with federal law.

(B) This ratesetting method shall be in effect in time for any rate increases to be included in the annual Budget Act.

(C) The department may, in establishing the ratesetting method required by subparagraph (A), do both of the following:

(i) Deem the market rate for like work in each county, as determined by the Employment Development Department, to be the cap for increases in payment rates for individual practitioner services.

(ii) Provide for consideration of county input concerning the rate necessary to ensure access to services in that county.

(D) If an increase in individual practitioner rates is included in the annual Budget Act, the state-county sharing ratio shall be as established in Section 12306. If the annual Budget Act does not include an increase in individual practitioner rates, a county may use county-only funds to meet federal financial participation requirements consistent with federal law.

(3) (A) By November 1, 1993, the department shall submit a state plan amendment to the federal Health Care Financing Administration to implement this subdivision. To the extent that any element or requirement of this subdivision is not approved, the department shall submit a request to the federal Health Care Financing Administration for any waivers as would be necessary to implement this subdivision.

(B) The provider reimbursement ratesetting methodology authorized by the amendments to this subdivision in the 1993-94 Regular Session of the Legislature shall not be operative until all necessary federal approvals have been obtained.

(k) (1) The State Department of Social Services shall, by September 1, 1993, notify the following persons that they are eligible to participate in the personal care services program:

## ASSEMBLY BILL 925

(A) Persons eligible for services pursuant to the Pickle Amendment, as adopted October 28, 1976.

(B) Persons eligible for services pursuant to subsection (c) of Section 1383c of Title 42 of the United States Code.

(2) The State Department of Social Services shall, by September 1, 1993, notify persons to whom paragraph (1) applies and who receive advance payment for in-home supportive services that they will qualify for services under this section without a share of cost if they elect to accept payment for services on an arrears rather than an advance payment basis.

(l) An individual who is eligible for services subject to the maximum amount specified in subdivision (b) of Section 12303.4 shall be given the option of hiring his or her own provider.

(m) The county welfare department shall inform in writing any individual who is potentially eligible for services under this section of his or her right to the services.

(n) It is the intent of the Legislature that this entire section be an inseparable whole and that no part of it be severable. If any portion of this section is found to be invalid, as determined by a final judgment of a court of competent jurisdiction, this section shall become inoperative.

(o) Paragraphs (2) and (3) of subdivision (a) shall be implemented so as to conform to federal law authorizing their implementation.

(p) (1) Personal care services shall be provided as a covered benefit to a medically needy aged, blind, or disabled person, as defined in subdivision (a) of Section 14051, to the same extent and under the same requirements as they are provided under subdivision (a) of this section to a categorically needy, aged, blind, or disabled person, as defined in subdivision (a) of Section 14050.1, and to the extent that federal financial participation is available.

(2) The department shall seek federal approval of a state plan amendment necessary to include personal care services described in paragraph (1) as a medicaid service pursuant to subdivision (f) of Section 440.170 of Title 42 of the Code of Federal Regulations.

(3) In the event that the Department of Finance determines that expenditures of both General Fund moneys for personal care services provided under this subdivision to medically needy aged, blind, or disabled persons together with expenditures of both General Fund moneys and federal funds received under Title XX of the federal Social Security Act for all aged, blind, and disabled persons receiving in-home supportive services pursuant to Article 7 (commencing with Section 12300) of Chapter 3, in the 2000-01 fiscal year or in

## ASSEMBLY BILL 925

any subsequent fiscal year, are expected to exceed the General Fund appropriation and the federal appropriation received under Title XX of the federal Social Security Act for expenditures for all aged, blind, and disabled persons receiving in-home supportive services provided in the 1999-2000 fiscal year pursuant to Article 7 (commencing with Section 12300) of Chapter 3, as it read on June 30, 1998, as adjusted for caseload growth or as changed in the Budget Act or by statute or regulation, then this subdivision shall cease to be operative on the first day of the month that begins after the expiration of a period of 30 days subsequent to a notification in writing by the Director of the Department of Finance to the chairperson of the committee in each house that considers appropriations, the chairpersons of the committees and the appropriate subcommittees in each house that consider the State Budget, and the Chairperson of the Joint Legislative Budget Committee.

(4) Solely for purposes of paragraph (3), caseload growth means an adjustment factor determined by the department based on:

(A) Growth in the number of persons eligible for benefits under Chapter 3 (commencing with Section 12000) on the basis of their disability.

(B) The average increase in the number of hours in the program established pursuant to Article 7 (commencing with Section 12300) of Chapter 3 in the 1994-95 to 1998-99 fiscal years, inclusive, due to the level of impairment.

(C) Any increase in program cost that is required by an increase in hourly costs pursuant to the Budget Act or statute.

(5) In the event of a final judicial determination by any court of appellate jurisdiction or a final determination by the Administrator of the federal Centers for Medicare and Medicaid Services that personal care services must be provided to any medically needy person who is not aged, blind, or disabled, then this subdivision shall cease to be operative on the first day of the first month that begins after the expiration of a period of 30 days subsequent to a notification in writing by the Director of Finance to the chairperson of the committee in each house that considers appropriations, the chairpersons of the committees and the appropriate subcommittees in each house that consider the State Budget, and the Chairperson of the Joint Legislative Budget Committee.

(6) If this subdivision ceases to be operative, all aged, blind, and disabled persons who would have received or been eligible to receive in-home supportive services pursuant to Article 7 (commencing with Section 12300) of Chapter 3, but for receiving services under this subdivision, shall be eligible immediately upon this section becoming inoperative for services pursuant to Article 7 (commencing with Section 12300) of Chapter 3.

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(7) The department shall implement this subdivision on April 1, 1999, but only if the department has obtained federal approval of the state plan amendments described in paragraph (2) of this subdivision.

**SECTION 9.** Section 14132.955 is added to the Welfare and Institutions Code, to read:

14132.955. Personal care services that are provided pursuant to Section 14132.95 shall include services in the recipient's place of employment if both of the following conditions are met:

(a) The personal care services are limited to those that are currently authorized for the recipient in the recipient's home and those services are to be utilized by the recipient at the recipient's place of employment to enable the recipient to obtain, retain, or return to, work. Authorized services utilized by the recipient at the recipient's place of employment shall be services that are relevant and necessary in supporting and maintaining employment. However, work place services shall not be used to supplant any reasonable accommodations required of an employer by the Americans with Disabilities Act (42 U.S.C. Sec. 12101 et seq.) or other legal entitlements or third-party obligations.

(b) The provision of personal care services at the recipient's place of employment shall be authorized only to the extent that the total hours utilized at the work place are within the total personal care services hours authorized for the recipient in the home. Additional personal care services hours may not be authorized in connection with a recipient's employment.

**SECTION 10.** Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars (\$1,000,000), reimbursement shall be made from the State Mandates Claims Fund

## FEDERAL AND STATE LEGISLATION AND THE OLMSTEAD PLAN

### Federal

The foundation for our nation's policy related to people with disabilities was solidified through enactment of the Americans with Disabilities Act.<sup>5</sup> Signed into law on July 26, 1990, the Americans with Disabilities Act is a wide-ranging legislation intended to make America more accessible to people with disabilities.

Other federal laws enacted during the 1990s offered public policies and fiscal incentives to assist states in restructuring workforce development programs into integrated workforce investment systems that would respond to the employment, training, and educational needs of its citizens.

The Workforce Investment Act of 1998 required a One-Stop Career Center System with capacity to provide universal access, both physical and programmatic, to *all* of its customers. Later employment-focused reforms for people with disabilities in the workforce were enacted into Medicare, Medicaid (Medi-Cal in California), the Supplemental Security Income Program (SSI), the Social Security Disability Insurance Program (SSDI), and programs administered by the U.S. Departments of Labor and Education.

The federal Ticket to Work and Work Incentives Improvement Act of 1999 increased states' opportunities to remove and minimize barriers to work for people with disabilities by improving access to healthcare coverage under Medicare and Medicaid.

Under the landmark 1999 U.S. Supreme Court Olmstead Decision, states are required to accommodate those with physical, mental or developmental disabilities who live in institutions, or are at risk of doing so, in the least restrictive settings possible. What this means is that persons with disabilities must be permitted whenever feasible to live in their own communities rather than institutions.<sup>6</sup>

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<sup>5</sup> Presidential Task Force on Employment of Adults with Disabilities Report, November 15, 1999.

<sup>6</sup> An Overview of California's Draft Olmstead Plan Transitioning Persons with Disabilities From Institutions to Community Settings Under U.S. Supreme Court Requirements October 2003, Prepared by Laurel Mildred.

## FEDERAL AND STATE LEGISLATION AND THE OLMSTEAD PLAN

President George W. Bush's New Freedom Initiative, announced February 1, 2001, commits funding for a broad range of programs to ensure that all Americans with disabilities can participate more fully in the life of their communities and of our country. As part of the New Freedom Initiative, the Administration will support effective and swift implementation of the Ticket to Work and Work Incentives Improvement Act.<sup>7</sup>

Increasingly, federal policy has reflected respect for the rights of consumers with disabilities to control decisions related to their healthcare, rehabilitation, and employment within the framework of principles promoting independence and financial stability.<sup>8</sup>

### State

California leads the nation in addressing the political, economic and social ramifications of shifting disability demographics. Recent legislation addressing issues regarding people with disabilities includes:

- AB 155, Chaptered in 1999

This legislation is referred to as the 250 Percent California Working Disabled Program. It marked a significant step for the State in removing employment barriers for the disability community. This program qualifies a working person with disabilities for Medi-Cal benefits (subject to payment of sliding-scale premiums) if his or her countable income is less than 250 percent of the federal poverty level.

- AB 2222, Chaptered in 2000

This bill revises definitions to provisions prohibiting discrimination in public accommodations, business transactions, access to public places, and employment in the State civil service system.

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<sup>7</sup> Introduction to the New Freedom Initiative.

<sup>8</sup> An Overview of California's Draft Olmstead Plan Transitioning Persons with Disabilities From Institutions to Community Settings Under U.S. Supreme Court Requirements October 2003, Prepared by Laurel Mildred.



## **FEDERAL AND STATE LEGISLATION AND THE OLMSTEAD PLAN**

- The California Olmstead Plan

The California Olmstead Plan was written in May 2003 and complies with federal mandates. The Plan was developed by the Health and Human Services Agency in collaboration with eight State departments. It outlines recommendations for system changes and improvements consistent with the federal Olmstead Decision.

- AB 925, Chaptered in 2002

With the passage of AB 925, California aligned itself with the President's New Freedom Initiative and emphasized its own commitment to bringing the employment rate of people with disabilities as close as possible to the employment rate of the general population.

## **PROGRAMS OF THE CALIFORNIA GOVERNOR'S COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES**

AB 925 put the Governor's Committee on Employment of People with Disabilities into statute, specified its membership and expanded its responsibilities.

The Governor's Committee was originally established in 1947 to assist disabled veterans to become employed. Over the years, its purpose changed to help all Californians with disabilities. Historically, the Governor's Committee has worked with many partners to create and support the following activities and projects:

- **California Model Youth Leadership Forum for Students with Disabilities (YLF)**  
The YLF is an intensive, educational, five-day career awareness and leadership program for high school students with disabilities. Students learn from each other and from successful adults with disabilities who are recognized leaders and role models. The forum benefits not only the participants, but also all young people with disabilities, our communities in general, and the adults who assist in producing the forum. The California YLF curriculum has been used to start YLF forums in 33 states and Puerto Rico.
- **Media Access Office and Awards Program**  
The Media Access Office serves as a casting liaison service and technical assistance advisor to the entertainment industry, representing more than 900 performers with disabilities. The office actively promotes the employment and accurate portrayal of people with disabilities in all areas of the media and entertainment industry. Increasing the number of media roles accurately portraying people with disabilities increases public awareness.  
  
As more actors with disabilities are visible on the large and small screens, more opportunities will evolve for others. The media has enormous power to affect public attitudes regarding people with disabilities.
- **Annual Employer (Best Practices) Awards**  
The Governor's Committee annually recognizes individuals and organizations that have made extraordinary contributions to our society by increasing employment opportunities for people with disabilities.

## **PROGRAMS OF THE CALIFORNIA GOVERNOR'S COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES**

- **California Business Leadership Network (CABL N)**

The CABLN is an extension of the nation-wide Business Leadership Network (BLN) established in 1994 by the former President's Committee on Employment of People with Disabilities, now coordinated through the U.S. Department of Labor's Office on Disability Employment Policy. There are active BLN Chapters in more than 30 states.

Initiated in California by the Governor's Committee and conducted by lead companies in their communities, the CABLN is an employer-to-employer network of small, medium and large companies that enables employers to share best practices and provide updates on useful resources, developments and information. Members work with community-based resources, and collaborate on common issues.

- **Disability Awareness Education through the "Windmills" Training Program**  
"Windmills" is a high-impact, attitudinal training program developed by the Governor's Committee for potential employers of people with disabilities. The training focuses on attitudes and human factors and addresses issues including legal requirements and accommodation.

- **Hal Connolly Scholarships**

Hal Connolly is an internationally known United States Olympic gold medalist. He won the hammer throw competition in the 1956 Olympics and competed in three successive Games -- noteworthy because one of his arms was injured and paralyzed at birth.

The purposes of this scholarship is to:

- ☐ Provide supplemental financial assistance to potential freshman college students with disabilities who have participated in varsity-level athletics.
- ☐ Encourage the academic success of the winning students.
- ☐ Promote various jobs related to athletics as valuable career choices.
- ☐ Further the general goals of the Governor's Committee by promoting educational training and employment opportunities for people with disabilities.

**PROGRAMS OF  
THE CALIFORNIA GOVERNOR'S COMMITTEE ON  
EMPLOYMENT OF PEOPLE WITH DISABILITIES**

- **Affiliated Community Mayors' Committees**

California has over 30 Affiliated Community Mayors' Committees statewide to promote the efforts of the Governor's Committee at the local level. These local activities are designed and carried out by volunteer members of these committees.

The Governor's Committee has continued its traditional activities while developing an implementation plan for AB 925.

## DEMOGRAPHICS 2000

<b>TABLE 1 <sup>9</sup></b>						
<b>County in Order of Disability Percentage</b>	<b>Total Population</b>	<b>Total Unemployment Rate</b>	<b>Square Mileage by County</b>	<b>Population Density per Square Mile</b>	<b>Population 21-64 Years with a Disability</b>	<b>Percent of Total Population</b>
Lake	30,836	8.0	1,327	23	9,950	32.3
Modoc	4,970	8.5	4,340	1	1,476	29.7
Yuba	30,141	11.7	639	47	8,830	29.3
Del Norte	12,680	8.7	1,003	13	3,365	26.5
Madera	61,015	11.8	2,147	28	15,975	26.2
Trinity	7,379	12.7	3,223	2	1,922	26.0
Kern	333,186	11.2	8,170	41	85,318	25.6
Tulare	187,796	15.3	4,844	39	45,909	24.4
Merced	107,957	14.4	2,008	54	26,199	24.3
Fresno	417,702	14.2	5,998	70	99,395	23.8
Sierra	1,999	7.7	959	2	476	23.8
San Joaquin	296,375	8.8	1,436	206	69,947	23.6
Stanislaus	239,413	10.4	1,521	157	56,530	23.6
Mendocino	48,701	6.6	3,510	14	11,469	23.5
Shasta	88,471	6.9	3,850	23	20,651	23.3
Tehama	29,351	6.9	2,976	10	6,842	23.3
Mariposa	9,656	7.7	1,461	7	2,224	23.0
Imperial	66,836	26.3	4,598	15	15,148	22.7
Plumas	11,626	8.3	2,618	4	2,610	22.4
San Bernardino	901,171	4.8	20,164	45	200,310	22.2
Siskiyou	23,801	9.5	6,318	4	5,260	22.1
Amador	16,758	4.4	601	28	3,694	22.0
Calaveras	22,667	6.7	1,036	22	4,995	22.0
Sutter	42,435	12.9	607	70	9,348	22.0
Los Angeles	5,475,226	5.4	4,079	1,342	1,193,654	21.8
Humboldt	74,030	6.3	3,600	21	15,968	21.6
Lassen	13,694	7.0	4,690	3	2,964	21.6
Monterey	213,879	9.5	3,324	64	46,254	21.6
Riverside	796,469	5.5	7,243	110	172,169	21.6
Kings	55,856	13.9	1,436	39	12,017	21.5
Tuolumne	27,205	6.0	2,293	12	5,819	21.4
Butte	109,329	7.0	1,665	66	23,258	21.3
Colusa	9,817	17.3	1,156	8	2,078	21.2
Sacramento	693,574	4.2	1,015	683	144,190	20.8
Solano	213,542	4.2	872	245	43,348	20.3

<sup>9</sup> U.S. Census 2000 and Employment Development Department/Labor Market Information Division 2000.

## DEMOGRAPHICS 2000

TABLE 1 (Cont.)						
County in Order of Disability Percentage	Total Population	Total Unemployment Rate	Square Mileage by County	Population Density per Square Mile	Population 21-64 Years with a Disability	Percent of Total Population
Glenn	13,813	12.0	1,319	10	2,611	18.9
San Benito	29,858	7.9	1,397	21	5,625	18.8
Alameda	876,793	3.0	825	1,063	164,364	18.7
Ventura	427,298	4.5	1,864	229	78,730	18.4
Santa Barbara	217,545	3.7	2,745	79	39,766	18.3
Inyo	9,539	5.5	10,097	1	1,740	18.2
Napa	68,889	3.2	797	86	12,469	18.1
Nevada	51,606	3.6	992	52	9,364	18.1
San Diego	1,562,025	3.0	4,281	365	279,231	17.9
San Francisco	533,008	2.8	91	5,857	95,576	17.9
El Dorado	90,515	3.9	1,805	50	16,058	17.7
Sonoma	269,047	2.6	1,598	168	47,423	17.6
Orange	1,677,263	2.5	785	2,137	287,872	17.2
Yolo County	95,187	4.3	1,034	92	16,226	17.0
San Luis Obispo	132,229	3.0	3,326	40	22,165	16.8
Contra Costa	555,146	2.7	798	696	91,254	16.4
Santa Clara	1,036,877	2.0	1,316	788	170,555	16.4
San Mateo	431,768	1.6	531	813	68,045	15.8
Placer	141,377	3.2	1,507	94	22,190	15.7
Santa Cruz	154,875	5.6	440	352	24,161	15.6
Alpine	737	8.2	727	1	113	15.3
Mono	8,367	5.6	3,103	3	1,235	14.8
Marin	151,489	1.7	588	258	22,162	14.6

Note: The National Council on Disability states that in today's evidence-based policy environment, the ways that disability-related data are collected and used have come under growing scrutiny. The Decennial Census is usually the only available source of disability data, although there is no statutory mandate to collect an accurate enumeration of all Americans with disabilities. The National Council on Disabilities questions the reliability and consistency of disability census data collected over the last 40 years and has called for improved data collection through the President's New Freedom Initiative.

## ETHNIC DEMOGRAPHICS

The following is a table comparing California census data for 1990 and 2000, reflecting an increasing diversity of the State's population. Recent U.S. Census projections indicate that this trend will continue nationwide.

<b>TABLE 2</b>						
<b>CALIFORNIA POPULATION BY RACE AND HISPANIC ORIGIN</b>						
<b>1990 AND 2000 CENSUS</b>						
	<u>1990 Census</u>		<u>2000 Census</u>		<u>Change 1990-2000</u>	
	Number	% of total	Number	% of Total	Number	Percent
Excluding Hispanic or Latino:						
White	17,029,126	57.2	15,816,790	46.7	(1,212,336)	(7.1)
Black	2,092,446	7.0		6.4	89,480	4.3
Native American	184,065	0.6	2,181,926	0.5	(5,081)	(2.8)
Asian	2,710,353	9.1	178,984	10.8	1,042,243	38.5
Pacific Islander			3,648,860	0.3		
Other	56,093	0.2	103,736	0.2	15,588	27.8
Multi-race	not available	--	71,681	2.7	--	--
			903,115			
Hispanic or Latino	7,687,938	25.8	10,966,556	32.4	3,278,618	42.6
Total	29,760,021	100.0	33,871,648	100.0	4,111,627	13.8

<sup>10</sup> California Department of Finance.

## **STATE LEVEL ACTIVITIES**

Collaboration between the State departments has been ongoing. However, AB 925 requires a broadening of these efforts by mandating that the Labor and Workforce Development Agency and the Health and Human Services Agency work together to help people with disabilities gain better access to employment. The Governor's Committee is the equivalent of a clearing house where State and local stakeholders convene to develop policies that will help the disability community obtain the tools that lead to independence and employment.

There are a number of avenues by which the partnership is approaching the objective of full inclusion in the workforce of people with disabilities:

### **Resource Mapping**

The Governor's Committee has established a workgroup of representatives from vocational rehabilitation, workforce development, education, community colleges, aging, health services, social services, mental health, housing, transportation, independent living, veterans affairs, and others to identify the programs and funding of all State services available to people with disabilities. In addition, specific attention will be paid to services targeted to youth.

To maintain current information and to match services with identified needs for gap analysis, this will be an ongoing activity.

### **Grant Mapping**

All federal or private grants awarded to State departments that relate to the employment of people with disabilities.

The Governor's Committee has established a workgroup to track grants. This information will feed into the Resource Mapping. Additionally, the group's purpose is to ensure that State departments do not compete against each other for the same grants, but instead, coordinate their grant-seeking efforts to maximize federal and private dollars.

### **Identifying and Mapping Consumer Needs**

The State Independent Living Council through the InfoUse Research Group in Berkeley, California, is conducting a comprehensive assessment of the needs within the disability community. The Resource Mapping Workgroup will obtain the research results when it is completed. This will lead to identifying gaps in services to people with disabilities through analysis of the collected information.



## STATE LEVEL ACTIVITIES

The resulting information will be used by the partners in their disability planning efforts and by the Governor's Committee to develop recommendations to the Governor and the Legislature for improved services to people with disabilities.

### **Collaborative Successes – Leveraging federal dollars**

With the support of the Grants Coordination Workgroup, the California Workforce Investment Board, the Governor's Committee and the Employment Development Department have had the opportunity to apply for several federal grants intended to alleviate the barriers that people with disabilities encounter when looking for employment. The applications were successful, and California has received a total of \$1.6 million for advanced staff training in one-stop career centers, the acquisition of assistive technology, and coordinated outreach to people with disabilities.

- **Work Incentive Grant III**

The Governor's Committee and the Employment Development Department were awarded \$500,000 to enhance the one-stop career center infrastructure. The grant has five components: 1.) Building a statewide network of Disability Program Navigators; 2.) Training public and private sector human resource personnel; 3.) Developing training materials for one-stop career center staff, including an accessibility resources toolkit; 4.) Supporting Benefits Planning Information activities; and 5.) Increasing partnerships with disability service organizations.

Implementation of these components will enhance service delivery to people with disabilities through the One-Stop Career Center system to increase their employability, employment and career advancement.

- **Disability Program Navigator**

The Governor's Committee and the Employment Development Department were awarded \$600,000 for a two-year pilot demonstration project that establishes Disability Program Navigators in the State. Disability Program Navigators serve as resource persons to people with disabilities and staff in the workforce investment system. Through a competitive process, the State has made sub-awards to nine local areas/One-Stop Career Centers to pay the wages and benefits for Navigator positions that will become the link to employers and the resource and support structure for people with disabilities.

## STATE LEVEL ACTIVITIES

- Innovative State Alignment Grant

The California Workforce Investment Board received \$500,000 to improve outcomes for youth with disabilities transitioning from school to work. These funds will be used for a collaborative project involving several agencies. The three grant components are: 1.) Conducting resource mapping of youth services. This will be coordinated with the Governor's Committee Resource Mapping Workgroup; 2.) Developing a statewide transition plan; and 3.) Using intermediary organizations to ensure that youth with disabilities receive appropriate transition services.

### *The California Health Incentives Improvement Project*

The California Health Incentives Improvement Project was created in 2002, under a Medicaid Infrastructure Grant from the federal Centers for Medicare and Medicaid Services. The Project is managed by the California Institute on Human Services at Sonoma State University for the Department of Health Services.

The mission of the California Health Incentives Improvement Project is to build an infrastructure that supports the employment of youth and adults with disabilities at rates that are comparable to the general population by:

- Assuring the provision of streamlined and uninterrupted access to appropriate healthcare coverage and related supports from public and private sectors; and
- Encouraging proactive intergovernmental and community collaboration to remove barriers to employment of people with disabilities, particularly healthcare and personal assistance services barriers.

Specifically, the California Health Incentives Improvement Project conducts outreach and training on the *250% California Working Disabled Program* (the State's Medicaid Buy-In program), *In-Home Supportive Services* in the workplace, and other work incentives and disability-related employment supports to consumers with disabilities, employers, service providers, and State and local agency staff.

## STATE LEVEL ACTIVITIES

### *The 250% California Working Disabled Medi-Cal Buy-In Program*

The federal Balanced Budget Act of 1997 allows states to provide Medicaid coverage to certain disabled individuals. The Department of Health Services administers the 250% California Working Disabled Program, also called the Medi-Cal Buy-In Program, which was implemented in April 2000 to enable people with disabilities to participate in the workforce without losing their Medi-Cal coverage. Workers may earn up to 250% of the federal poverty level and still be eligible for Medi-Cal benefits with a monthly premium that is calculated on a sliding scale. As of December 31, 2003, total enrollment in the program was 859, far below original enrollment estimates.

### **Ticket to Work**

AB 925 requires the Governor's Committee to facilitate, promote, and coordinate dissemination of information on the employment supports and benefits of the Ticket to Work program to people with disabilities, employers, service providers, and State and local agency staff.

The Ticket to Work and Self-Sufficiency Program is the centerpiece of the Ticket to Work and Work Incentives Improvement Act of 1999 and has been incorporated as part of President Bush's New Freedom Initiative. Ticket to Work is a Social Security Administration program that provides employment support services for people who want to work. The program is for people receiving Supplemental Security Income or Social Security Disability Insurance. It also includes people receiving benefits as a disabled widow or widower, or an adult who is the disabled child of a wage earner under the Social Security rules.

Ticket to Work is intended to remove barriers for people with disabilities who want to find employment and achieve financial independence. Eligible Californians began receiving their tickets from the Social Security Administration in November 2003, mailings will continue through September 2004. The summary roll out status for California in 2003 reflects that out of 188,707 tickets mailed, 312 tickets have been assigned for services:

### **Employment Networks**

Ticket holders of the Ticket to Work program will be able to choose from a wide range of service providers called Employment Networks (EN). These networks will expand customers' options for employment, vocational rehabilitation or other support services from public and private providers.

## STATE LEVEL ACTIVITIES

Employment Networks are service providers, including the Department of Rehabilitation (DOR), that work with ticket holders in the Ticket to Work program. They provide employment-related assistance and support. Once a ticket holder selects an Employment Network for his or her services, the Employment Network will be responsible for providing the agreed-upon services as long as the Ticket remains assigned to them.

Potential Employment Networks include one-stop career centers, disability-rehabilitation providers, State vocational rehabilitation agencies, transportation providers, employment agencies, independent living centers, employers, educational institutions, and community and faith-based organizations.

### **Collaborative Successes – Leveraging State Dollars**

#### *Workforce Investment Act Governor's 15 Percent Discretionary Funds*

In 2001, the Governor allocated \$1.4 million in Workforce Investment Act 15 Percent Governor's Discretionary Funds to improve access for persons with disabilities in one-stop career centers. These funds supported statewide capacity building efforts and local investments in assistive technology.

- \$900,000 Statewide Capacity-Building Efforts

These funds were subcontracted to the Department of Rehabilitation for the following:

- ☐ To contract with the City of Los Angeles and the EmployABILITY Network to develop online training in disability awareness and etiquette. The Web-based LEGACY program was implemented in October 2003, providing disability resources and training for one-stop career center staff, thereby increasing the center's capacity to serve persons with disabilities.
- ☐ To provide technical support and training to local areas, one-stop career center partners, and State staff to address program and physical access of persons with disabilities.
- ☐ To host the California Employment 2002 "Moving Forward" Conference on October 2-3, 2002, for employers, community-based organizations, adult education providers, one-stop career center staff, and various State departments.

## STATE LEVEL ACTIVITIES

- \$500,000 Local Investments in Assistive Technology

Thirty (30) local areas received funds to purchase or acquire auxiliary aids and services for their one-stop career centers to establish, expand or enhance program access for persons with disabilities.

In 2003, the Governor again allocated \$1.4 million in Workforce Investment Act 15 Percent Governor's Discretionary Funds to improve access for people with disabilities in one-stop career centers through staff training and partnerships with local, public, and private disability service providers. The funds were allocated as follows:

- *\$600,000 Statewide Capacity-Building Efforts*

The four components are: 1.) Training State staff on both federal and State disability and nondiscrimination laws. The Department of Rehabilitation is providing this training; 2.) Conducting a regional symposium for one-stop career center and State staff, employers, and community partners. The symposium will focus on small business involvement, and increasing diversity; 3.) Developing a pilot for intensive staff training to serve customers with mental health impairments; and 4.) Training service providers on screening and assessing for unidentified learning disabilities.

- *\$800,000 Local Workforce Investment Area Demonstration Grants*

Funds will be released through a competitive process to local workforce investment areas. Grantees will be required to create or enhance partnerships with local providers of services and/or auxiliary aids/assistive technology for people who are blind or visually impaired and/or deaf or hearing impaired.

### *In-Home Supportive Services*

AB 925 amends the Welfare and Institutions Code to provide people with disabilities who are eligible to receive personal care in their home to use these services in the workplace. The in-home supportive service hours that are authorized for the individual for use in the home may be used at the workplace instead.

## STATE LEVEL ACTIVITIES

This is a significant change to the In-Home Supportive Services program and requires the Department of Social Services to revise their regulations. Since revising regulations is a lengthy process, policy changes are usually provided to the local level by means of an All-County Letter. The All-County Letter will allow implementation of the program changes, until a regulations package can be submitted and approved.

### ***World Institute on Disability***

Many people with disabilities want to work but, due to lack of accurate information, are dissuaded from working and moving out of poverty because they are afraid of losing crucial healthcare benefits.

To address this barrier, the Employment Development Department, and the Departments of Health Services and Rehabilitation contracted with the World Institute on Disability for development of a Web-based information center. The World Institute on Disability, a non-profit research, training, and public policy center, developed a Web site containing *Disability Benefits 101* and the *California Online Benefits Calculator*.

*Disability Benefits 101: Working with a Disability in California*, launched in January 2004, is a benefits planning and information center Web site that provides detailed descriptions of State, federal and private benefit programs and how they interact with employment. The Web site is updated regularly to reflect changes in program rules.

Preliminary first-month data of a first-time Web site user survey revealed that:

- Over 50 percent of the respondents are seeking information for themselves.
- Over 50 percent are interested in information on public disability income programs and work, and its effect on benefits.
- Almost 50 percent are interested in information on Medi-Cal's 250% California Working Disabled program and the Ticket to Work program.
- Approximately 33 percent are interested in Medi-Cal and health benefit protections.
- About 25 percent are interested in Medicare and private disability income.
- More than 50 percent are interested in changing their work status.
- Nearly 67 percent believe that information on health, disability and income will influence their work status.

## STATE LEVEL ACTIVITIES

Staff of the World Institute on Disability provides on-site training throughout the State as an integrated activity to the Disability Benefits 101 Web site.

The *California Online Benefits Calculator* will be housed on the existing Disability Benefits 101 Web site and is scheduled for implementation in late 2004. It will provide context and guidance in the complex areas of benefits planning along with interactive questions and answers, staffed by a trained Program Specialist. The calculator will be specific to State and federal program rules as administered in California.

**CALIFORNIA UNEMPLOYMENT INSURANCE CODE  
DIVISION 10, SECTIONS 18000-18012**

- 18000 In order to enhance the employability of people with disabilities, local workforce investment boards (LWIA) plan for and report on services to jobseekers and employers with disabilities through California's one-stop centers.
- 18002 Each LWIA shall establish at least one comprehensive one-stop center that ensures access to services pursuant to Section 134(d) of the Federal Workforce Investment Act, including an array of services for persons with disabilities.
- 18004 Each LWIA shall conduct regular performance reviews of their one-stop centers to ensure that they provide opportunities for people with disabilities to participate in programs and activities.
- 18006 One-stop center counselor staff shall provide information to recipients of Social Security and State disability programs on the implication of work for those individuals. This includes Medi-Cal benefits pursuant to Section 14007.9 of the Welfare and Institutions Code.
- 18008 The Governor shall ensure that evaluations conducted pursuant to Section 134 of the Workforce Investment Act address how one-stop centers provide full access to services for people with disabilities through assistive technology, staff training on assessment and service strategies for jobseekers and employers, representation of the disability community in program planning and service delivery, and the development of regional employment networks to participate in the federal Ticket-to-Work program.
- 18010 The State Workforce Investment Board (SWIB) shall report to the Governor and the Legislature by September 30, 2004 on the status of Ticket-to-Work implementation and the status of one-stop center services to people with disabilities.
- 18012 The SWIB and LWIAs shall include people with disabilities, if permitted by federal law.



## **INTEGRATED SERVICES FOR HOMELESS PERSONS WITH SERIOUS MENTAL ILLNESS (AB 2034 PROGRAMS)**

### **OVERVIEW OF EMPLOYMENT EFFORTS AND OUTCOMES**

As a result of Assembly Bill 34 and 2034, (Steinberg, Chapter 617 and 518, Statutes of 1999 and 2000) programs were established to provide integrated, comprehensive services to persons who are homeless or at risk of homelessness, have serious mental illness and are not already receiving county mental health services. Currently 32 counties and two city jurisdictions receive grant funding and provide services to approximately 4,900 individuals statewide.

As established in statute, these programs are required to provide housing that is immediate, transitional, and permanent. As a result these became “housing first” programs whose primary goal was and is to get individuals into housing situations and provide the intensive support services necessary to sustain them in housing. To date, programs have had terrific success in moving individuals from homelessness to housing. Current information as of November 2003 indicates that 87% of the persons served in these programs are in some type of housing. What became almost immediately apparent as a result of these efforts was the therapeutic significance of having a stable place to live and the foundation this provides for individuals’ ability and desire to make progress in other aspects of their lives. For example, it is very difficult to find ongoing employment when you do not have a stable place to live.

Having been so successful in getting persons into stable housing, AB 2034 programs have begun to focus on employment goals for individuals. Like housing, we know that employment can provide many therapeutic benefits for individuals including pride in working, getting a paycheck, opportunities for socialization and expansion of support networks. The goal in AB 2034 programs is for the housing and the employment to support treatment rather than the other way around. This being said, the challenge to improve employment outcomes is among the most difficult for both staff and clients.

To address this issue, broad and comprehensive training has been provided both regionally and individually to local programs. It became evident during these training events that mental health staff had to rethink concepts that were at the core of their professional training and go beyond traditional boundaries to accomplish community work such as employment. Another reality has been that staff and clients have had to raise their expectations for each other. Generally speaking, staff had little expectation initially that clients could live and work independently, even with supports. For clients,

**INTEGRATED SERVICES FOR HOMELESS PERSONS  
WITH SERIOUS MENTAL ILLNESS  
(AB 2034 PROGRAMS)**

there was little expectation that “the system” had anything meaningful to offer them. To address this issue, specialized training is provided that focuses on using innovative communication tools to engage consumers to identify a comprehensive goal that they are motivated to attain, that will make it worth re-engaging in community life, including housing and employment, and will produce lasting changes. This coupled with specific employment services training has produced promising results.

As of January 31, 2003, 13.3%, or more than one out of eight persons enrolled in these programs were involved in some type of employment. Additionally cumulative outcomes since the inception of this program indicate that:

- the number of days of full-time employment have increased 65.4%
- the number of days of part-time employment have increased 53.1%
- the number of days of psychiatric hospitalization have decreased 55.8%
- the number of days of incarceration have decreased 72.1%
- the number of days spent homeless have decreased 67.3%

The Department of Mental Health continues to focus on the employment efforts and outcomes produced in AB 2034 programs statewide and are currently reviewing each program’s specific approach to providing employment services. With most projects having been operational for about three years, we are still only beginning to change attitudes about and expectations for individuals with serious mental illness who are homeless or at risk of homelessness. Training focused on improved employment outcomes continues to be provided for these programs and is available from both AB 2034 contract consultants and through the Department of Mental Health/Department of Rehabilitation Employment Services Program described in a separate document.

While we expect improved outcomes system-wide, what we know is that each individual’s success positively influences the expectations and attitudes of other clients, staff, employers and the community in general.

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

### ABSTRACT

**Background:** Support of employment services by public mental health authorities has improved access to vocational rehabilitation by persons with significant psychiatric disabilities. Is there a positive return on this investment in the form of reduced mental health outlays? The answer is important for mental health administrators and other policymakers who must decide where to allocate scarce public mental health resources.

**Study Aim:** This study examines the extent to which participation in employment services in the mid- to late-1990s, supported cooperatively by the California Departments of Mental Health (DMH) and Rehabilitation (DOR), reduced use of selected, publicly funded mental health services.

**Methods:** Databases from DMH and DOR were merged to match employment service outcomes with Medi-Cal (California's Medicaid program) expenditures for selected public mental health services. Five hundred and ninety-one persons with significant psychiatric disabilities were followed a year before participation in a DMH/DOR cooperative employment program, during employment service delivery, and a year after DOR case closure.

**Limitations:** Non-Medi-Cal-funded public mental health services, as well as Medi-Cal costs of psychotropic medications, are not included in this study.

**Results:** Total mental health outlays decreased by 13.9% for the 591 persons from one year before DOR case opening to one year after case closure. Those whose cases were closed as successfully employed showed a 21.6% decrease, while unsuccessful case closures showed a decrease of 10.8%.

Use of day treatment services dropped by 41.8% overall; 76.2% for successful closures, and 26.4% for unsuccessful ones. There was a 33.5% decrease in outlays for inpatient services while individuals were receiving employment services, but inpatient expenditures returned to pre-DOR service levels after the DOR case was closed.

**Discussion:** This study supports the hypothesis that participation in cooperative employment service programs by persons with significant psychiatric disabilities reduces public mental health outlays, not only for those who go to work, but also for those who do not achieve their vocational goal prior to DOR case closure.

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

**Implications for Policy and Research:** The existence of cost-offsets should encourage mental health administrators to allocate resources toward partnering with vocational rehabilitation in serving adults who want to go back to work.

### INTRODUCTION

This study examines the relationship between participation in vocational rehabilitation services and use of selected, publicly funded mental health services by working-age adults in California with significant psychiatric disabilities. Studies relating costs with outcomes for individuals with such disabilities are relatively rare. Hargreaves, Shumway, Hu and Cuffel found that, in the 1960s, about 1% of mental health outcome studies had cost components. The percentage increased to about 5% by 1985, and then stabilized or declined. (Hargreaves et al, 1998). In terms of rigorous studies of cost-effectiveness or cost-benefit ratios, the authors found eight published between 1981 and 1985, decreasing to five between 1986 and 1990, and only three from 1991 to 1995. At that, nearly all of the studies compared hospitalization with community services, rather than certain community services with others. Interestingly enough, there have been several comparative cost studies (with cost-offsets treated as benefits) in the field of alcohol and drug abuse. (Holder, 1998).

Two studies carried out by DMH and DOR in the early 1990s revealed that mental health costs decreased for those with successful DOR case closures. Costs six months prior to receiving employment services were compared with costs six months after closure. Among 47 consumers with successful closures (status 26s) in Santa Clara County, selected mental health outlays declined by 28%. In San Bernardino County, 39 individuals with successfully employed closures decreased their use of publicly funded mental health services by 44%. (DMH/DOR, 1996). Left open was the question of change in use of mental health service by those with unsuccessful DOR case closures.

While access to vocational rehabilitation services and successful employment rates for adults with significant psychiatric disabilities have improved, mental health administrators continue to be faced with economically justifying on a cost benefit basis the redirection of public mental health funds to support vocational rehabilitation services.

## **VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES**

This study examines the hypothesis that use of vocational rehabilitation services in California's Mental Health Cooperative Programs by persons with significant psychiatric disabilities results in a reduction in their overall use of other public mental health services. The confirmation of this hypothesis would enable county mental health administrators to connect the investment of mental health resources in vocational rehabilitation to a reduction in the cost of public mental health, and ease the reallocation of resources from day treatment to more cost-effective vocational programs. Latimer recently reviewed eight studies of supported employment (SE) and concluded that "Converting day treatment or other less effective vocational programs into SE programs can be cost-saving or cost-neutral." (Latimer, 2001).

### **California's DMH/DOR Cooperative Program**

In 1992 California formed the Mental Health Cooperative Programs, in which county mental health resources were combined with DOR funded vocational rehabilitation services to assist persons with significant psychiatric disabilities obtain and retain employment. Both the public mental health and vocational rehabilitation systems recognized that this was an underserved population with employment success below that of persons with other disabilities.

By 1996, DOR had budgeted \$18.3 million in cooperative contracts with 28 counties to blend employment services with mental health supports. Counties contributed approximately \$4 million of the \$18.3 million total budget as match to DOR from their existing resources to form this new and different pattern of service. The remainder of the funding was provided by federal vocational rehabilitation dollars allocated to California's DOR through the Rehabilitation Act of 1973, as amended. County mental health staff, DOR counselors and private non-profit employment service providers worked collaboratively as teams in their respective communities, and programs were operated on the principles of (1) mental health services supporting employment efforts, (2) emphasizing competitive, rather than sheltered employment, (3) incorporating career planning to ensure services and employment matched individual career preferences, (4) assisting employers to accommodate special needs, and (5) building extended employment supports into the planning process.

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

### METHOD

This study examines the amount of selected public mental health services utilized by individuals one year before participation in California's Mental Health Cooperative Programs, during participation, and one year after each case had been closed.

#### *Sample*

The following criteria were used to select individuals from the total population of individuals participating in mental health cooperative programs between January 1, 1995 and June 30, 1997. The selected individual:

- Was determined to have a significant psychiatric disability by both county mental health and DOR,
- Was receiving Social Security Benefits: Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI),
- Received services as a result of an Individual Plan for Employment (IPE) written by DOR,
- Had his/her case closed by DOR as successfully employed (status 26) or as unsuccessful in achieving this goal (status 28), and
- Had some retrievable Medi-Cal funded mental health service and expenditure data in one or more of the following three time periods:
  - Before – 365 days immediately preceding DOR case opening,
  - During – while the case was open, which averaged 361 days,
  - After – 365 days subsequent to case closure.

A total of 591 individuals met the above criteria and were included in the study.

#### *Variables*

- *Employment Success.* Employment success is defined as DOR having provided appropriate vocational rehabilitation services in accordance with the IPE and closing the case because the individual is successfully employed; that is, having achieved a suitable competitive employment outcome, and holding the job for at least 90 days. An unsuccessful closure is defined as DOR closing the case after vocational rehabilitation services have been provided, and determining that the individual cannot achieve suitable employment.

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

- *Public Mental Health Services.* The following is a list of the Medi-Cal funded mental health services used for analysis:
  - Inpatient services – hospitals and psychiatric health facilities
  - Day treatment
  - Medication support
  - Crisis intervention or stabilization
  - Other outpatient services

Data is in the form of total dollar claims for each individual by the county mental health program in the above service categories. Inpatient data comes from the Short-Doyle/Medi-Cal Approved Claims (SDMC) file and the Fee-For-Service/Medi-Cal Inpatient Consolidation (IPC) file. Data for the other mental health services is from the SDMC file.

### ***Procedures***

Data on employment success was transmitted from DOR field offices participating in mental health cooperative programs to DOR's central database. Data on public mental health expenditures was submitted from county mental health programs to DMH's central database. Using the above subject criteria, staff from each central headquarters shared databases by means of utilizing unique identifiers that preserved the privacy and confidentiality of the individual. Totals for employment success and dollars spent for mental health services were then combined into a single database for analysis.

### ***Qualifying Factors***

When interpreting the results, the following qualifying factors should be considered:

- In California, Medi-Cal accounts for an estimated 56% of the public mental health outlays for the services. The remaining non-Medi-Cal, public mental health outlays are largely based on a percentage of the State sales tax, targeted State general funds for specific programs, federal block grant funds, county funds, and revenues from Medicare, insurance and fees.
- Costs for psychotropic medications were not included in this study. This data proved to be prohibitively expensive to obtain, due to the size of the Medi-Cal pharmacy claims files.

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

- The variation of mental health service costs need to be considered in the larger context of this time period (January 1, 1995 through July 1, 1997), when Medi-Cal's share of California's public mental health expenditures increased.
- Individuals who participated in a mental health cooperative program for many years during this time period were not likely to meet participant criteria, due to the limitations of DMH being able to record expenditure data a full year before the individual's DOR case was opened.

### RESULTS

#### *Subjects*

The following are demographic characteristics of the 591 individuals:

- Nearly six in ten are men.
- The vast majority (69%) were 30 to 49 years of age at the time.
- Only four percent had a major disability other than psychoses/neuroses or alcoholism.
- Nearly three in ten had some college, including six percent of the total with a baccalaureate or higher degree.
- Sixty-three percent were White, with the rest ethnic minorities (principally African American and Hispanic) or of unknown ethnicity.
- Nearly one-fourth received SSDI benefits, often concurrently with SSI. Three-fourths received SSI Only.

#### *Outlays*

Table 1 shows selected Medi-Cal funded mental health outlays over 365 days *Before* DOR case openings, while cases were open (*During*, which averaged 361 days), and 365 days *After* case closures. Across 591 individuals, total outlays fell by \$820 (or -13.9%) per person-year. Reduced expenditures for day treatment (-41.8%) account for four-fifths of the decline. The next largest change was other outpatient services, with a drop of -7.6%.

Other changes – *Before* to *After* -- were more modest in both absolute and relative terms. Inpatient outlays, for example, declined by only -2.8%.



## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

**TABLE 1. OUTLAYS FOR SELECTED MENTAL HEALTH SERVICES, BY SERVICE  
(N=591)**

	<i>Before DOR</i> case opening	<i>During</i> (while case was open)	<i>After DOR</i> case closure	<i>After minus Before</i>	
				Number	Percent
Inpatient services	\$628,835	\$417,962	\$611,518	-\$17,317	-2.8%
Day treatment	820,642	763,282	477,898	-342,744	-41.8%
Medication support	497,493	469,347	471,715	-25,778	-5.2%
Crisis services	134,157	103,475	142,705	8,548	6.4%
Other outpatient services	1,410,012	1,672,182	1,302,706	-107,306	-7.6%
Total (Avg.)	\$3,491,139	\$3,426,248	\$3,006,542	-\$484,597	-13.9%
Per person (Avg.)	\$5,907	\$5,797	\$5,087	-\$820	-13.9%

Source: DMH and DOR.

An important question is whether changes reported here might simply be a reflection of global changes in the use of mental health services in California from State Fiscal Year (SFY) 1994 to SFY 1998. Unpublished data provided by DMH suggest that the large decrease for day treatment runs counter to statewide trends. Claims for day treatment rose by about 10% per year over this period. The small decline in outlays for inpatient services (*Before* to *After*) among the 591 individuals is also somewhat inconsistent with statewide trends. Such outlays (actually claims) for inpatient services decreased statewide about 9% per year over this period.

When individuals were receiving vocational rehabilitation services (the *During* period), the use of inpatient services declined dramatically. The *During* period involves nearly the same number of days, on average, as the *Before* and *After* periods, each of which is 365 days in length. Across our 591 subjects, the range for the *During* period was 1 day to 847 days, with an arithmetic mean of 361 days.

Without adjusting for this small difference, outlays for inpatient services fell from \$628,835 (*Before*) to \$417,962 (*During*), or by 33.5%. The use of day treatment does not substantively change while receiving vocational rehabilitation and employment services. It drops subsequently.

As indicated in Table 2, outlays per person dropped for both those with successful closures (26s) and those with unsuccessful ones (28s).

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

Comparing *Before* with *After*, total outlays per person dropped by \$1,194 (or, -21.6%) among those individuals whose cases were closed as successfully employed (status 26), and by \$656 (or, -10.8%) for individuals whose cases were closed as unsuccessful (status 28). The direction of change, but not the magnitude, was similar across the two closure types. The change from *Before* to *After* is dominated by change in the use of day treatment services. Those with successful closures reduced their use of day treatment by -76.2%. The reduction among those with unsuccessful closures was about one-third the size at -26.4%. There was a small decrease in inpatient service outlays: -3.1% among 26s, and -2.6% among 28s.

**TABLE 2. OUTLAYS, BY SERVICE AND TYPE OF CLOSURE (N=591)**

	<i>Before</i> DOR case opening	<i>During</i> (while case was open)	<i>After</i> DOR case closure	<i>After</i> minus <i>Before</i>	
				Number	Percent
<b>Successful (26s) (N=180)</b>					
Inpatient services	\$160,322	\$51,572	\$155,413	-\$4,909	-3.1%
Day treatment	252,731	202,936	60,089	-192,642	-76.2%
Medication support	161,881	151,901	130,663	-31,218	-19.3%
Crisis services	29,724	20,328	38,313	8,589	28.9%
Other outpatient services	388,275	529,511	393,488	5,213	1.3%
Total (Avg.)	\$992,933	\$956,248	\$777,966	-\$214,967	-21.6%
Per person (Avg.)	\$5,516	\$5,312	\$4,322	-\$1,194	-21.6%
<b>Unsuccessful (28s) (N=411)</b>					
Inpatient services	\$468,513	\$366,390	\$456,105	-\$12,408	-2.6%
Day treatment	567,911	560,346	417,809	-150,102	-26.4%
Medication support	335,612	317,446	341,052	5,440	1.6%
Crisis services	104,433	83,147	104,392	-41	*
Other outpatient services	1,021,737	1,142,671	909,218	-112,519	-11.0%
Total (Avg.)	\$2,498,206	\$2,470,000	\$2,228,576	-\$269,630	-10.8%
Per person (Avg.)	\$6,078	6,010	\$5,422	-\$656	-10.8%

Source: DMH and DOR.

\*Less than -0.05%.

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

Changes in the pattern of outlays from *Before* to *During*, and from *During* to *After* are of interest. From *Before* to *During*, outlays for inpatient services declined by \$108,750 (or, -67.8%) among those with status 26 case closures, and by \$102,123 (or, -21.8%) among those with status 28 case closures. There was little change in use of day treatment services while receiving employment services. Expenditures for miscellaneous other outpatient services rose considerably. The net change was a slight reduction in use of public mental health services, between both closures types. From *During* to *After*, day treatment outlays fell considerably, presumably as employment took the place of day treatment. Outlays for inpatient services rebounded, to nearly the level they were *Before* receipt of vocational rehabilitation and employment services.

### DISCUSSION

This study supports the hypothesis that participation in cooperative program employment services by persons with significant psychiatric disabilities reduces the cost of public mental health for such individuals.

Public mental health costs went down whether cases were closed to successful employment (status 26), or closed without the person's employment goal being achieved (status 28).

Outlays per person-year dropped by \$1,194 (or -21.6%) among those with status 26 case closures, and by \$656 (-10.8%) for those with status 28 case closures. Both groups used day treatment services less, with the percentage reduction about three times greater for those who achieved status 26 case closure than status 28 case closure (-76.2% and -26.4%, respectively).

Use of inpatient services declined dramatically when individuals were receiving vocational rehabilitation services (-33.5%), and then outlays for inpatient services returned to approximately the same level as when vocational rehabilitation services began. It is hypothesized that an individual's participation in the employment services offered by the mental health cooperative programs materially contributes to the reduction in use of inpatient services. The *rebound* in inpatient service outlays from *During* to *After* warrants attention. This may be a consequence of several factors affecting individuals differently: for example, feeling so good about working that the person does not take needed psychotropic medicine; the job not working out as well as had been hoped; or facing the stresses and strains associated with a different lifestyle and moving from public

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

benefits to greater self-sufficiency. It may also be a consequence of the case being closed by the mental health cooperative program, and extended therapeutic supports not being adequately built into public mental health's service delivery. This lack of extended support may force some individuals to seek out the more expensive inpatient treatment available at a hospital facility.

In the area of day treatment services this data suggests that use of day treatment services are more permanently reduced by employment service participation, while reductions in use of inpatient hospitalization are more temporary, and return to pre-employment service levels once cooperative program staff disengage from an individual due to the vocational rehabilitation case being closed.

### IMPLICATIONS FOR POLICY AND RESEARCH

This study models a research methodology in which databases are merged between California's two State agencies (DMH and DOR). Further studies can now be undertaken to measure various service and fiscal impacts by the partnering systems.

The data in this study should be of interest to mental health administrators, for it points to the financial value of investing resources to partner with the vocational rehabilitation system. Public mental health costs are reduced when persons participate in employment services provided cooperatively by vocational rehabilitation and public mental health. This finding should encourage reallocation of mental health resources toward more cost-effective employment services.

It is recommended that further research be undertaken to improve understanding of two matters. One is the relationship between vocational rehabilitation services on the one hand, and use of inpatient mental health services, on the other. The dramatic drop in use of inpatient services (*Before to During*), with the subsequent rebound (*During to After*), need to be better understood so as to improve job matches and the effectiveness and efficiency of on-going employment support. The second is the relationship between various program practices and job retention, as the data (*During to After*) suggests that employment takes the place of costly day treatment services.

A recent study by the DOR looked at the correlates of retaining a job for 24 months versus three or fewer months, and found that the two variables most highly associated with job retention were a job that matched the individual's interest, and ongoing, individualized counseling support of employment efforts. (DMH/DOR, 2003).

## VOCATIONAL REHABILITATION AND USE OF PUBLICLY FUNDED MENTAL HEALTH SERVICES

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The contents and opinions expressed herein do not necessarily reflect the position or policy of the Social Security Administration or of the California Departments of Mental Health or Rehabilitation, and no official endorsement should be inferred. Comments, questions, and requests for reprints should be sent to John Shea, Allen, Shea & Associates, 1780 Third Street, Napa, CA 94559 (email: [allenshea@sbcglobal.net](mailto:allenshea@sbcglobal.net))

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## **CALIFORNIA'S MENTAL HEALTH COOPERATIVE EMPLOYMENT PROGRAMS An Overview**

California's Mental Health Cooperative Programs provide collaborative employment services to assist people with severe psychiatric disabilities to enter or re-enter their community workforce. The community-based collaborations between local county mental health and Department of Rehabilitation (DOR) field offices provide improved access and specialized employment services and mental health supports. These programs have been established throughout the State to provide individualized employment services to consumers historically unserved or underserved in vocational rehabilitation.

### **VALUES**

The Cooperative Programs have been built with consumer, family member, county mental health, and local DOR collaboration. They adhere to core values of consumer career choice, comprehensive service linkages, job placement in competitive and integrated employment, reasonable accommodations, and pro-active ongoing support. These values are consistent with the Rehabilitation Act, as amended, the Americans with Disabilities Act, and California Assembly Bills 1288, 3777, and 2034.

### **DESIGN**

This partnership between public mental health and vocational rehabilitation provides for a wide array of individualized services that are delivered through 26 cooperative agreements negotiated and contractually maintained by local mental health and DOR. County mental health contributes 21.3 % cash and/or 25% in-kind staff to the total program amount. The county match draws down federal funds that pay for individual consumer services, public and private non-profit agency contracts for specialized employment services, and DOR staff and resources. California's budget for the Mental Health Cooperative Programs in Fiscal Year 2002-2003 totaled \$21.6 million.

### **PROGRAM SERVICES**

Individually tailored services necessary to reach an employment goal are provided through the 26 local Mental Health Cooperative Programs. These services are consumer-driven so that consumers are central to all decision-making and service selections. Services can include, but are not limited to counseling and guidance, coordination in getting services from other agencies, vocational exploration, benefits planning and counseling, specialized employment assessments in the community, college and university education, vocational training, job search and placement assistance, transportation, employment support on and off the job site, tools and equipment, work clothing, assistive technology and self-employment technical assistance.

## CALIFORNIA'S MENTAL HEALTH COOPERATIVE EMPLOYMENT PROGRAMS An Overview

The addition of new cooperatives and the expansion of existing programs continue to address unmet needs in both urban and rural communities, reflecting California's vast geographic and cultural diversity and strong population growth.

### OUTCOMES AND ACCOUNTABILITY

The following table represents DOR-defined service outcomes to mutual consumers of county mental health and local DOR:

DOR Outcomes	F i s c a l   Y e a r				
	98/99	99/00	00/01	01/02	02/03
<b><i>Total Served</i></b>	7,920	8470	8,875	9,274	9,406
New Applications	3,021	3,106	3,281	3,790	3,289
New Plans	1,528	2,402	2,313	2,567	2,460
Successfully Employed Closures	844	845	1,041	961	1,078

A State/community workgroup is currently piloting a standardized system for evaluating cooperative program services by means of surveying consumers who have become successfully employed. This feedback from consumers complements the above data to assist in continually improving services and employment outcome for consumers.

Reviews of each cooperative program assess the quality and efficacy of services, assure compliance with written agreements, and provide input opportunity for staff. Consumer satisfaction surveys reflect strong support for the cooperative programs, and provide many testimonials to the importance of employment services and supports. Programs are evaluated annually, with a comprehensive review at least every three years.

## **CALIFORNIA'S MENTAL HEALTH COOPERATIVE EMPLOYMENT PROGRAMS An Overview**

### **STATEWIDE INTERAGENCY AGREEMENTS**

The State Departments of Mental Health (DMH) and Rehabilitation have developed Interagency Agreements to blend staff into one team in order to provide statewide leadership, oversight and support. The central team of DMH Systems of Care Division and DOR Collaborative Services Section provides staff support for federal program reviews, research and development, contract preparation and review, training and technical assistance, and staff support to public mental health/vocational rehabilitation policy development. Another team from DOR and DMH Long Term Care Division provides support to staff at four State hospitals to prepare people for participation in specialized vocational rehabilitation services upon discharge to their communities.

### **TRAINING AND TECHNICAL ASSISTANCE**

Funded by the DMH/DOR Interagency Agreement, training and technical assistance is available to the local cooperatives as well as other local DOR/public mental health partnerships that emphasize collaborative employment services and supports. Consultants and trainers who contract with DMH through a competitive application process offer training and technical assistance designed to represent best services practices, meet the individual needs of local programs, and build capacity to maximize successful employment outcomes for the consumers served. Training is customized to meet geographic and special needs of individual cooperatives, as well as those of regional cooperative partnerships in multiple counties.

### **CALIFORNIA'S BEST (Building Employment Services Teams)**

BEST Networks were developed statewide to broaden access to local technical expertise and resources, build community partnerships, and provide advisory body input. Seventeen BEST Networks covering 27 counties function as community focus groups to support and maximize employment services and opportunities in their communities. Key stakeholders represent their communities' needs, and include members such as consumers, employers, family members, and representatives of mental health, rehabilitation, community colleges, Social Security, independent living centers, one-stop centers, housing and transportation authorities, and service provider staff. BEST Technicians are contracted through DMH to provide administrative support for the BEST Networks. The technicians have current or past consumer experience with public mental health or DOR, and their support of BEST Networks assist them in their individualized career development.



**CALIFORNIA'S MENTAL HEALTH COOPERATIVE  
EMPLOYMENT PROGRAMS  
An Overview**

**MENTAL HEALTH EMPLOYMENT ALLIANCE**

A joint DMH/DOR Mental Health Employment Alliance (MHEA) advisory body provides an opportunity for anyone in California to collaboratively work on issues that increase employment opportunities for persons with psychiatric disabilities. Workgroups identify, address and report back to MHEA on local and statewide issues that affect the delivery of services to mental health consumers. Workgroup topics include: cooperative contracting, training and technical assistance, hiring consumers/family members in the mental health/vocational rehabilitation system, improved outcome measures, exemplary practices/research, and support of BEST Networks.

## **THE DEPARTMENT OF REHABILITATION**

### **An Overview**

The California Department of Rehabilitation (DOR) was established as an independent State government entity on October 1, 1963. The Department is part of the California Health and Human Services Agency. The functions and responsibilities of the Department are contained in Sections 19000 – 19856 of the California Welfare and Institutions Code.

The Department's mission is to work in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities. The Department assists Californians with disabilities obtain and retain employment, maximize their ability to live independently, and to have equal opportunities in their communities through three major programs.

### **Vocational Rehabilitation Services Program**

The DOR is the principal State agency assisting people with a variety of disabilities. The DOR administers the largest vocational rehabilitation program in the country. The vocational rehabilitation program, which operates through offices throughout the State, served 115,924 consumers with disabilities in obtaining and retaining employment in the 2002-03.

Through its Vocational Rehabilitation program, DOR:

- Develops Individual Plans for Employment for all consumers including the identification of training, assistive technology, work experience, job development and placement and other services to assist the consumer to reach his or her employment goal;
- Partners with public agencies such as high schools, adult education, community colleges, State universities, and community mental health to provide an enhanced pattern of vocational rehabilitation services to eligible consumers to assist them to enter the world of work;
- Provides grants to community based agencies serving persons with disabilities to establish needed rehabilitation services;
- Partners with one-stops and other public agencies to assist consumers to attain their employment goal;
- Addresses architectural, transportation and attitudinal barriers to social and economic integration.

## **THE DEPARTMENT OF REHABILITATION**

### **An Overview**

Vocational rehabilitation services are funded with 78.7% federal dollars and 21.3% matching State funds, part of which are provided by government partners through cooperative agreements with DOR. The DOR also receives reimbursement from the Social Security Administration for services provided to Social Security recipients who gain employment through the vocational rehabilitation program.

The Rehabilitation Act requires that when the State has insufficient resources to provide vocational rehabilitation services to all eligible applicants, the State must enter into an Order of Selection and prioritize delivery of services, by serving applicants in order of significance of disability, starting with consumers with the most significant levels of disability. The vocational rehabilitation program has had insufficient resources to serve all eligible applicants and has been in Order of Selection since 1995. Accordingly, the DOR has a waiting list of eligible individuals who currently cannot be served.

The vocational rehabilitation program includes a number of specialized initiatives and activities all of which are designed to increase the ability of persons with disabilities to become economically self-sufficient. These include:

#### **Specialized Services Division**

##### *Blind Field Services*

The purposes of the Division of Services to the Blind and Visually Impaired and Deaf and Hard of Hearing within the Department of Rehabilitation are:

- To assist persons who are blind and visually impaired and deaf and hard of hearing in gaining competitive employment.
- To enlarge economic opportunities for persons who are blind or visually impaired and deaf and hard of hearing.
- To enhance the independence and self-sufficiency of blind and visually impaired and deaf and hard-of-hearing persons.

## **THE DEPARTMENT OF REHABILITATION An Overview**

### *Business Enterprises Program*

The Business Enterprises Program provides Department consumers, who are legally blind, opportunities to be trained in the operation of cafeterias, vending stands, and snack bars, with the ultimate goal of becoming independent food service professionals in California. California Welfare and Institutions Code Section 19625 provides priority to blind vendors in State and local government facilities.

### *Orientation Center for the Blind*

The Orientation Center for the Blind, located in Albany, California, is a residential rehabilitation center dedicated to independent living for people with severe vision disabilities. Students reside in a seven-day dormitory during their training.

### *Services for the Deaf and Hard of Hearing*

This Section provides expertise and support to consumers and rehabilitation counselors in the field regarding the specialized rehabilitation needs of deaf and hard of hearing consumers. Section staff develop, implement and coordinate specialized rehabilitation programs designed to serve the unique needs of consumers with a wide range of hearing impairments. Rehabilitation Counselors for the Deaf and Hard of Hearing are located in vocational rehabilitation offices throughout the State.

### *The Workforce Development Section*

The Workforce Development Section develops and coordinates linkages with the business/employer community in order to increase meaningful employment opportunities for individuals with disabilities. These linkages with public and private sector employers help to increase the awareness of the business community on the benefits of hiring individuals with disabilities. The Workforce Development Section also provides employment information, resource materials, technical assistance and training to DOR field staff for the successful implementation of local employment strategies. The Workforce Development Section bridges the gap between the business community and DOR's consumer base through the development and distribution of labor market information, employment trends, internship opportunities, and access and accommodation information.

## **THE DEPARTMENT OF REHABILITATION An Overview**

### *One-Stop Career Centers*

Vocational Rehabilitation, represented by DOR in California, is a mandatory partner in the Workforce Investment Act (WIA). As required by WIA, DOR staff sits on every local workforce investment board. The DOR's focus is twofold: first, the particular focus is to ensure physical and program access to one-stop services for persons with disabilities, including services provided by one-stop partners and training providers. The second focus is to ensure effective coordination of services for shared DOR/one-stop consumers.

As of December 2002, the equivalent of approximately 32 full time Rehabilitation Counselors are collocated at one-stop centers. Approximately 3300 consumers are receiving services from a one-stop center. Actual expenditures for consumers served through one-stop centers for Fiscal Year 01-02 was \$1,053,512. In the first six months of the 2003-04 Fiscal Year, over 4,000 consumers have been served through one-stop centers with expenditure of \$605,255.

### *The Ticket to Work*

In California, the SSA notified SSI/SSDI recipients of the availability in phases, beginning November 2003. California was in the third phase of states for consumer notice. The final set of notices is set for May 2004.

DOR has approved two Employment Network agreements: with Career College of California for the Orange County District and Goodwill in Santa Rosa.

DOR established an 800 number to assist field offices

## **Cooperative Programs**

Historically, the DOR Cooperative Programs have provided an enhanced pattern of comprehensive rehabilitation services, which enable individuals with significant disabilities to secure and maintain unsubsidized employment in the private and public sector.

The DOR cooperative programs annually serve over 40,000 consumers. These programs successfully employed 3,855 consumers in FY 2002/03, which constitutes an increase of approximately four percent over the prior fiscal year.

## **THE DEPARTMENT OF REHABILITATION An Overview**

Examples of Cooperative Programs are:

### *Transition Partnership Programs*

Cooperative programs with local education agencies began in the mid-1970s. In 1987, transition partnership programs were initiated through the Transition Partnership Project, which is a joint project of the State Departments of Rehabilitation and Education. This project was developed in response to the 1986 Amendments to the Rehabilitation Act and the 1983 Amendments to the Education for the Handicapped Act to address the area of transition from school-to-work for students with disabilities.

The Transition Partnership Project was designed to build partnerships between local education agencies and the DOR for the purpose of successfully transitioning student-DOR clients into meaningful employment and/or secondary education. Statewide, there are 83 programs administered through cooperative agreements with local school districts, Special Education Local Planning Areas and County Offices of Education. For Fiscal Year (FY) 2002-03, 19,897 consumers were served resulting in 2,529 consumers reaching their employment goals.

### *WorkAbility II*

The WorkAbility II program is designed to enhance collaboration between the State Departments of Rehabilitation and Education in expanding and improving job training opportunities and placement services with local education agencies for adult clients, and, to provide a means of continuous support for graduating special education students making the transition from school-to-work. Statewide, there are 21 programs administered through cooperative agreements with Regional Programs/Centers and Adult Schools. For Fiscal Year (FY) 2002-03, 1,601 individuals were served resulting in 325 reaching their employment goals.

## **THE DEPARTMENT OF REHABILITATION An Overview**

### *WorkAbility III*

The WorkAbility III program is designed to enhance collaboration between the DOR and California's Community Colleges.

WorkAbility III serves individuals with disabilities who are both community college students and DOR clients. Statewide there are 22 WorkAbility III programs administered through cooperative agreements with Community Colleges.

For Fiscal Year (FY) 2002-03, 875 consumers were served with 508 reaching their employment goals.

### *WorkAbility IV*

The WorkAbility IV program is a jointly administered project between the DOR and California State University and University of California campuses.

The WorkAbility IV Program serves individuals with disabilities who are DOR clients and either California State University students, or University of California students, desiring and in need of employment. Statewide, there are eight programs administered through cooperative agreements with California State Universities and Universities of California.

For Fiscal Year (FY) 2002-03, 823 consumers were served with 91 reaching their employment goals.

### *Cooperative Mental Health Programs*

The Mental Health cooperative programs are collaborations between the County Departments of Mental Health and local DOR offices.

The Mental Health Cooperative Programs serve County Mental Health clients with severe psychiatric disabilities and assist these clients in obtaining employment and living independently in their communities. Statewide, there are 26 programs administered through cooperative agreements with County Mental Health Agencies and private nonprofit organizations.

For Fiscal Year (FY) 2002-03, 9,406 consumers were served with 1,078 reaching their employment goals.

## THE DEPARTMENT OF REHABILITATION An Overview

### Grants

In addition to its other activities, DOR is a direct recipient or is a partner in interagency applications for grants that enhance the programs and activities of the DOR and advance its mission. The DOR is the direct recipient for the following grants:

#### *Work Incentive Grant (WIG), Round #2.*

This U.S. Department of Labor grant is called the Workforce Investment Resource and Accommodation Program. DOR is the fiscal agent. This grant has three deliverables:

- Develop and support a 15-semester hour training certificate for a Workforce Accommodation Specialist Program.
- Create a Benefits Planning Information Center (BPIC) Web site for the provision of accurate, State-specific and updated benefits and resource information for persons with disabilities.
- Allot approximately \$158,000 for the provision of auxiliary aids and services within the One-Stop system.

#### *Individual Self Sufficiency Planning*

This is a Social Security Administration funded research and demonstration project that is in its sixth year. The purpose of the project is to develop an integrated service delivery system that increases employment and retention of employment of individuals with severe psychiatric disabilities who receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). Two demonstration sites were selected from DOR's cooperative mental health programs to provide benefits counseling and service coordination to 150 program participants. California was one of four states chosen to test a variety of SSI waivers during this project to evaluate their effectiveness in encouraging SSI beneficiaries to attempt employment and reduce their dependence on SSI. An outside evaluator team will analyze and report on quantitative and qualitative findings through the project.



## **THE DEPARTMENT OF REHABILITATION**

### **An Overview**

#### *The Bridges to Youth Self Sufficiency*

The Bridges to Youth Self Sufficiency Project (Bridges) will be administered by the DOR as a Research and Demonstration project. It will consist of five demonstration sites and a California specific research study. The two objectives of this project are to: 1) increase the self sufficiency of transition aged youth with disabilities by decreasing their dependence on public benefits; and, 2) conduct a research and evaluation study on this population to inform policy decisions

#### *Habilitation Services Program*

DOR provides long-term, employment-related habilitation services to consumers with developmental disabilities pursuant to the Lanterman Act. The DOR-funded work activity and supported employment program services permit approximately 17,000 consumers to engage in employment. Habilitation services are State funded, but DOR receives reimbursement for eligible consumers through the Medicaid Home and Community Based Services Waiver administered by the Department of Health Services.

Authority for this program will be transferred from DOR to the Department of Developmental Services effective July 1, 2004, pursuant to legislation enacted in 2003.

#### *Independent Living*

The second category of program services supported by the DOR is Independent Living. The DOR has supported the independent living movement from its beginnings in California in the early 1970s. A hallmark of this movement is that services for persons with disabilities need to be planned and led by persons with disabilities themselves. Thus, by law, Independent Living Centers are controlled by a majority of persons with disabilities from the Board of Directors to the staff. Individuals with disabilities receiving services determine, with a service provider, the best actions to take that address their needs. This is done through the development of an Independent Living Plan.

## **THE DEPARTMENT OF REHABILITATION**

### **An Overview**

In California, the DOR administers and supports 29 non-profit Independent Living Centers by providing them with pass-through grant funds to provide services. Each Independent Living Center is required to provide six core services: peer counseling, independent living skills development, housing referrals, benefits advocacy, personal assistance services, information and referral; and personal and systems advocacy.

#### *Equality of Opportunity for People with Disabilities*

In addition to the three programs detailed above, the DOR develops, operates and provides leadership for programs and activities occurring statewide that assist in removing barriers to full inclusion of persons with disabilities in the workforce, in state government, and in community life. Some of those programs are:

#### **Americans with Disabilities Act Interagency Task Force**

The DOR is the lead State agency responsible for the coordination of the implementation of the Americans with Disabilities Act (ADA) in State government. Under Title II of the ADA, State and local governments may not refuse to allow a person with a disability to participate in a service, program or activity because that person has a disability. The DOR provides training to State and local governments in making reasonable modifications in policies, practices and procedures that assure program and physical access to individuals with disabilities.

In October 2000, Governor Davis created the Governor's Americans with Disabilities Act Interagency Task Force. The Director of DOR was appointed the Task Force Chair. Other appointees include the Director of the Department General Services, the State Architect, the Executive Officer of the State Personnel Board, the Director of the Department of Fair Employment and Housing and the Director of the Department of Information Technology. The Task Force established three workgroups to address issues related to 1) physical access to State programs and services; 2) State employment access and employee education; and 3) communications and information technology access.

## **THE DEPARTMENT OF REHABILITATION An Overview**

### **Disability Access Section**

This Section provides public information, consultation, training and technical assistance for State and local government, consumers, employers and businesses and disability advocacy organizations relating to disability awareness, employment issues, accessibility to programs and services, physical access surveys, and publications. In addition, the Section also provides physical and communication access expertise for employers, businesses, architects, design professionals, and building officials and coordinates a statewide network of community access volunteers.

### **Universal Access Workgroup (UAWG)**

As part of the WIA implementation, the DOR Director proposed the Universal Access Workgroup to assist State and local governments, one-stop operators and local workforce investment boards improve and optimize the access of local one-stop systems. Approved by the California Workforce Investment Board, this collaborative effort includes the DOR, the Employment Development Department, California Community Colleges, the Governor's Committee on the Employment of People with Disabilities, the California Workforce Investment Board, the Department of Social Services, California Department of Education the Los Angeles Conservation Corp, the California Workforce Association, the Legal Aid Society, directors from one-stop centers and representatives from consumer organizations.

### **Olmstead Implementation**

Under the auspices of the California Health and Human Services Agency and the Long Term Care Council, the DOR contributed significantly to the development and implementation of the California Olmstead Plan. This plan, in addition to responding to both the ADA and the U.S. Supreme Court's Olmstead Decision, provides an outline of all State government programs and services available to increase community living options for individuals with disabilities.

### **Disaster Response**

The California Health and Human Services Agency established a Disaster Preparedness Council to coordinate the health and social services needed as part of California's response to disasters. The DOR chaired the vulnerable populations subcommittee, tasked with identifying ways to improve and ensure that when a disaster occurs, necessary services and accommodations for people with disabilities are available as part of the State's response and recovery

## **THE DEPARTMENT OF REHABILITATION An Overview**

operations. The DOR continues to coordinate with the Office of Emergency Services, the Department of Social Services and others in assuring that the State's emergency response activities are accessible to and usable by persons with disabilities.

### **General Representative on Disability Issues in State Government**

The DOR's role in the implementation of the ADA in State government, as well as the educational efforts undertaken by staff of the DOR's External Affairs Office and other department sections, assures that persons with disabilities are treated in a respectful, positive manner. The DOR's focus on facilitating and supporting systems change to allow persons with disabilities to be fully integrated into their communities also involves service as an informational resource and expert consultant to other departments, agencies, and the Governor's Office on disability issues, as requested and as appropriate.

## WorkAbility I (WAI) Information for Annual Reports

### Performance Indicator I:

<b>Student Satisfaction with WAI Program</b>	<b>02-03 Sch Yr</b>	<b>01-02 Sch Yr</b>
Satisfied to Very Satisfied	10,628 (90.6%)	7,984 (91.8%)
Dissatisfied	1,101 (9.4%)	714 (8.2%)
<b>Total</b>	<b>11,729</b>	<b>8,698</b>

### Projected Target:

- 1) To maintain the level of satisfaction at 90 percent or higher.
- 2) To increase the number of students surveyed by 50 percent to about 18,000.

### Performance Indicator II:

<b>Number of Students Working</b>	<b>02-03 Sch Yr</b>	<b>01-02 Sch Yr</b>
Working after leaving program	7,780 (64.8%)	6,033 (65.9%)
Not Working	4,223 (35.2%)	3,128 (34.1%)
<b>Total</b>	<b>12,003</b>	<b>9,161</b>
No response	7,121	5,458
<i>Grand Total</i>	<b>19,124</b>	<b>14,619</b>

### Projected Target:

- 1) To maintain the current level of students working after post-secondary education to around 65 percent.
- 2) Assist WorkAbility I Sites to increase the number of students contacted from 62.8 percent to 70 percent.

## WorkAbility I (WAI) Information for Annual Reports

### Performance Indicator III:

<b>Post-Secondary</b>	<b>02-03 Sch Yr</b>	<b>01-02 Sch Yr</b>
Participating in Post-Secondary Education	6,882 (71.3%)	4,957 (72.4%)
Not Participating	2,776 (28.7%)	1,890 (27.6%)
<b>Total</b>	<b>9,658</b>	<b>6,847</b>

### Projected Target:

- 1) To maintain the level of participation in post-secondary education at the present level.
- 2) To increase the number of students attending community college from 34.1 percent to 40 percent. The number of students attending community college is the largest portion of students attending post-secondary education and is part of the tally of students participating in post-secondary education.

### Performance Indicator IV:

<b>Living Independently</b>	<b>02-03 Sch Yr</b>	<b>01-02 Sch Yr</b>
Independent living	1303 (11.2%)	1,026 (11.6%)
Other living accommodations	10,319 (88.8%)	7,789 (88.4%)
<b>Total</b>	<b>11,622</b>	<b>8,815</b>
No response	7,502	5,804
<i>Grand Total</i>	<b>19,124</b>	<b>14,619</b>

### Projected Target:

- 1) To increase the number of post-secondary students living independently from 11.2 percent to 15 percent.
- 2) Advocate for fewer number of students living with their parents and relatives. Currently, around 50 percent of post-secondary students live with parents or relatives. This pattern, however, is probably consistent with the general population.

## THE STATE PERSONNEL BOARD

### LEAP

The State Personnel Board administers the Limited Examination and Appointment Program (LEAP), an alternate selection process designed to facilitate the recruitment and hiring of people with disabilities, and to provide a non-discriminatory way to demonstrate their qualifications for employment.

Individuals certified by the Department of Rehabilitation as having a disability may apply for select job classifications. The LEAP employee selection process is a two-part examination consisting of a Readiness Evaluation and an On-The-Job Examination. No written test is required. Successful applicants receive the same pay and benefits as other State employees in the same classification.

<b>TABLE 3 <sup>11</sup></b>		
<b>LEAP Appointments as of 12-31-03</b>		
	<b>New Hires</b>	<b>Total Appointments</b>
<b>2002-03</b>	<b>41</b>	<b>105</b>
<b>2001-02</b>	<b>40</b>	<b>81</b>
<b>2000-01</b>	<b>101</b>	<b>158</b>
<b>1999-00</b>	<b>46</b>	<b>75</b>
<b>1998-99</b>	<b>50</b>	<b>89</b>

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<sup>11</sup> California State Personnel Board Data.

## **ONE-STOP PARTNERS REQUIRED BY TITLE I OF THE WORKFORCE INVESTMENT ACT**

The goal of the one-stop service delivery system is to make a comprehensive range of employment, training, and related services accessible in one location.

The Workforce Investment Act (WIA) requires the participation of relevant programs administered by the Department of Labor and by the Departments of Agriculture, Education, Health and Human Services, and Housing and Urban Development. The law specifies required and optional partners that must coordinate their programs and services through one-stop centers.

Required partners are:

- Programs authorized under Title I of WIA serving adults, dislocated workers, youth, and veterans, as well as Job Corps, Native American programs, and migrant and seasonal farmworker programs;
- Programs authorized under the Wagner-Peyser Act;
- Adult education and literacy activities authorized under Title II of WIA;
- Programs authorized under parts A and B of Title I of the Rehabilitation Act;
- Welfare-to-Work programs authorized under the Social Security Act;
- Senior community service employment activities authorized under Title V of the Older Americans Act of 1965;
- Postsecondary vocational education authorized under the Carl D. Perkins Vocational and Applied Technological Education Act;
- Trade Adjustment Assistance and NAFTA Transitional Adjustment Assistance authorized under the Trade Act of 1974;
- Local veterans' employment representatives and disabled veterans outreach programs;
- Employment and training activities under the Community Services Block Grant;
- Employment and training activities of the Department of Housing and Urban Development;
- Programs authorized under state unemployment compensation laws.

**Optional partners may include:**

- Temporary Assistance to Needy Families authorized under the Social Security Act;
- Employment and training programs authorized under the Food Stamp Act of 1977;
- Work programs authorized under the Food Stamp Act of 1977;
- Programs authorized under the National and Community Service Act of 1990;
- Other appropriate federal, state, or local programs.



## **DATA ON EMPLOYMENT OUTCOMES FOR PEOPLE WITH DISABILITIES**

In the annual reports to the U.S. Department of Labor, the California Workforce Investment Board reports as follows:

### **Workforce Investment Act (WIA) Annual Report (Program Year 2000-2001)**

Program Year 2000-2001 outcomes for adults with disabilities were as follows:

Rate entering employment of the 1,165 individuals counted in this measure who were not employed prior to program participation: 821 or 66.5% were found employed after their program.

Employment retention rate of the 821 individuals employed in the first quarter: after 6 months 698 or 85% retained employment.

Six Months Earnings Gain for the individuals counted in this measure: earnings increased from before to after program participation an average of 131.7%.

### **Workforce Investment Act (WIA) Annual Report (Program Year 2001-2002)**

In Program Year 2001-2002, outcomes for adults with disabilities were as follows:

Rate entering employment of the 1,858 individuals counted in this measure who were not employed prior to program participation: 1380 or 74.3% were found employed after their program.

Employment retention rate of the 1,457 individuals employed in the first quarter: after 6 months 1,188 or 81.5% retained employment.

Earnings Change in 6 months for the 1,288 individuals counted in this measure: earnings changed from before to after program participation an average of \$3,457.

## **DATA ON EMPLOYMENT OUTCOMES FOR PEOPLE WITH DISABILITIES**

### **Workforce Investment Act (WIA) Annual Report (Program Year 2002-2003)**

By comparison in Program Year 2002-2003 the outcomes for adults with disabilities were as follows:

Rate entering employment of the 3,145 individuals counted in this measure who were not employed prior to program participation: 2,114 or 67.2% were found employed after their program.

Employment retention rate of the 2,308 individuals employed in the first quarter: after 6 months 1,815 or 78.6% retained employment.

Earnings Change in 6 months for the 2,214 individuals counted in this measure: earnings changed from before to after program participation an average of \$2,768.